VS A15

age

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Settmere	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State 2000ty County
(If outside city or town limits, write RURAL and give nearest town)	tech coast of the
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, instilution, or street address where death occurred:	Street No. 211 Hendricks of
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
	The state of the s
3. (a) FULL NAME Monia alstan	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. Col. Wholous	20. DATE OF DEATH Oug 16 19.7-7 at 1 190 9 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6, (c) It alive, give ageyears	aug 15 1847 10 aug 16 18 4
T. Birth date of deceased (mo., day, yr.) Dec. 28, 1883	and that I lastsaw herealive on
8. AGE: Years   Months   Days   If less than one day	Immediais cause of death
6 \( \frac{1}{2} \)	
8. Birthpiace	Due to Aggretain and
Alexander (10wn, county, and state)	
10. Usual occupation.	Due to
tt. industry or business	
12. Name /denry Therey	Dither conditions
13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden name Many Lev	
5 7 0	Major fiedings of operations.
15. Sirthplace 77. CC	Date of op.
16. Informant alice Organs	Autopsy results
Address Du He rebriefe CT	PHYSICIAN: Please ooderline the caose to which death shoold he charged statistically.
Address 211 Hereballer	22. VIOLENCE: If death was doe to external causes, till in the tollowing;
(Burni, cremation, or removal, Which?)  (Burni, cremation, or removal, Which?)	Accident, suicide, or homicide
(Buerat:, cremation, or removal, Which?)	
Cemetery or crematory	Where did injury occur?
Location Liele lan N.C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Mrs Roff a celebrate Dort	Msens of Injury Injured at work?
Address 1/29 n. Caroline St.	1 Hade Schielly Mr
8.19. 117 10 /11 deliver	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  (Registrar	Address 423 New Pitts bug Are Date signed 8-16-7

correct age

information carefully.

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WRITE

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEAT

2. USUAL RESIDENCE (For newborn infai

Street No. 4609... 2.(a) If veteran, name war

20. DATE OF DEATH. A. 21. LCERTIFY that death o

and that I last saw h. P.S.

Immediate cause of death

Major findings of operation

PHYSICIAN: Please and

22. VIOLENCE: If death

Accident, suicide, or homic Where did Injury occur? .

Injured at home, farm, Ind

Means of Injury da

23. SIGNATURE

Antopsy results .....

(Include

(If outsi

186a			0.004
H	Re	g. Diat. No	
E (HOME)	OF DECEAS	SED:	
	County	Balto	•••••
ethrope decity or town lim	its, write RU	RAL and give	nearest town)
Ridge Ave	ve LOCATIO	./~ N)	
	n (1)		
	3. (0)	Social Securi	ty Number
MEDICAL (	CERTIFI	CATION	
			.2:30 A M
curred on the date a	bove stated: 1	that I attended d	eceased from
allum on (	9	leug	19.47
1 Clapin	elong	fullu	19. 4.7. 19. 4.7. DURATION 96 TUS
man (	mees	tur	36 kg
stu Pi	1881 000	-001	36 lu
			36 120
ceture.	y Jest	Rome	Unkum
pregnancy within	1 1 1	//	
ons		•••••	
		Date of op	
rline the cause to	which death	should he chara	ed statistically.
ide. Acced	lent	Date of	7/5/47 (State)
(City or town ustry, public piace	(where?),	Manual at work?	(9/9/4705)

1. PLACE OF DEATH: Balto. Halethrone.
(If outside city or town limits, write RURAL and give nearest town) How long to above place of death?..... Hospital, institution, or street address where death occurred: How tong in hospitat or institution?..... 3. (a) FULL NAME 6.(a) Single, married, widowed, or divorced 5. Color or race Widowed 6.(b) Name of husband or with Daniel Webster Austine 6.(c) If alive, give age ...... years 7. Birth date of Nov. 28, 1879 deceased (mo., day, yr.) tf less than one day Days 8. AGE: 67 9. Birthplace...Washington D. C. (Town, county, and state) 10. Usual occupation. Home.... 1t. Industry or business 12. Name Thomas N. Baldwin Wash. D. C. 13. Birthplace 14. Maiden nam 15. Birthplace 14. Maiden name. Margaret Heisey Unknown 16 Informant Mr. J. Morgan E. Wright Son Address 4511 Ridge Ave. 17. Buril al (Buris), cremation, or removal, Which?) Cemetery Kovenstory Loudon Park Cen. Location Beltimore Md. 18. Funeral director MM. J. TICKNER & SONS INC. Address North & Pa. Aves. Balto. 17. Md (Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

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Evidence for the	change	MARYLANI	STATE	DEPARTMENT	OF HEALTH
yeari of birth is			2411 N. C	harles St., Baltimore	• 186
G 111 8/47		CER	TIFIC	ATE OF DE	EATH

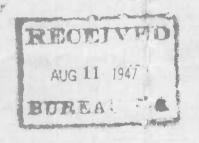
186a

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# CERTIFICATE OF DEATH

Rog. Diat. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give represent on ther)
1: Cetomarle 28	State Maryland County Baltimore
How long in above place of death?  How long in above place of death?  Hospital, institution, or steet address where death occurred.  How long in hospital or institution?	City or town
3.(a) FULL NAME	3. (b) Social Security Number
MARGARET BALDERS	SON
4. Sex 5. Color or cace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH 5 August 19 47 at 6. 45 Pm
6.(b) Name of husband or wife Amer J. Belderesu	2t. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of	and that I last saw h. E.R. alive on 2 Aug 19 47.
deceased (mo., day, yr.)  8. AGE: Years Months Days Hiess than one day	Immediate cause of death
6. 9hrs.	min. Hypo static preumones 2 days
9. Birthplace Maryland (Town, county, and state)	Due to Antonio Schoratic Cardio 2-9418
10. Usual occupation Samestic	Due to
11. Industry or business	- A
12. Name William Murray	Other conditions Decublus whoks 2 months
	made ned left famur 2 mouth
14. Maiden name	Major findings of operations.
	Date of op.
16. Informant allum E. Balderson Address 3702 W. Franklin St. Balton	Autopsy results
17. Date thereother from the formation, or removal. Which of from the formation of removal from the formation of the formatio	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide. Accident.  Date of
Cemetery or crematory flow Calledonoft	Where did Injury occur? Catonoulle, Md.  (City or town) (County) (State)
Location Sally My dip	Injured at home, farm, industry, public place (where?)  Means of injury Fall  Injured at work?
18. Funeral director flusted of Machany	Means of injury Jall Injured at work?
Address Catonsville 28 Md	23 SIGNATURE Stephen (89 Magness MD.
19. — 8 — 9 — 19 — Harry Name (Date rec'd by registrar) Regist	M. D. or other train Address 1 5 2 the Senica AVR Date stened Sug 97



# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 1860

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: PRES. HOME Salto	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY	State WARYLAND County 13ALTO Cuty
City or town. (If outside city or town limits, write RUKAL and give nearest town)	2 2
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Stroot No. 13/1 JONN SI.
How long in hospital or institution?	(If rural, give LOCATION)
The state of the s	2.(o) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ANNA LOUISE DAN	95
4. Sex 5. Color of race 6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE W SINGLE	20. DATE OF DEATH. Cuguet 4 1947 21 6 P. R
S,(b) Name of husband or wife	21. I CENTIFY that death occurred on the date above stated; that I alended deceased from
	July 5 1997 to ling 4 1997
T. Birth date of deceased (mo., day, yr.) Dec. 19 59	and that I last son he alivo on the first son the first so
8. AGE: Years   Months   Days   tf loss than one day	Immediate cause of death DURATION
0.7 4 1.5	neoferim, town withhur, with,
	stateges - Type unditioned to met
9. Birthplace 3ALTIMORE MD.  (Town, county, and state)	achique 1 mo-
10. Usual occupation RETIBER	
	Serile zasteriorelessis 14 +
11. Industry or business	
	Other conditions Fracture right ferror 75/47
3. Birthplaco WASHING TON D.C.	(Include pregnancy within 3 months of death)
14. Maiden name REBECCA MCCANIV  15. Birthplaco MASHINGTOIN D.C.  18. Informant T. E ELLIOTT SUPT.	Major Endings of operations.
15. Birthplace IN ASHINGTON D.C.	Oate of op.
16. Informant J. P F- L-1077 SUPT.	Autopsy results
Address PRIES. HOME TOWSON.	PHYStCIAN: Flease underline the cause to which death should be charged statistically.
	22. VIOLENCE: If doath was due to external causes, fill in the following:
17. Burlal, cremation, or removal. Which?)  Bate thereof. Carry 6 - 1747  (Borlal, cremation, or removal. Which?)	Accident, suicide, or homicide. Cesedent , Date of
Cemetery or crematory OAKHILL	Where did injury occur? (City or town) (County) (State)
Location WASHINGTON DE.	Injured at home, farm, industry, public place (where?)
A 1/1 /	Means of injury Tell getting out of help injured at work?
18. Funeral director John o mitchell esor	(1) 11-011 1 100
Address 1900 E 11/19/10/12	23. SIGNATURE Crollin G. Hudson Med.
19. ang 4 19 4 Markethaling	M. D. or other
(Into realthy needstude)	10. 606 124LTO. AVE 8/4/47

SEP 2 1947 BURKAU V

SHEED STATE OF THE PROPERTY OF

AND DESCRIPTION OF THE PARTY OF

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Diat. No.
I. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECESED:  (For newborn infants give residence of motiler)  State  County  City or town.  (If outside city of town dmits, write RURAL and give searcest town)  Street No.
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME ana Jane 3	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, harried, widowed, or divorced   Uladow	MEDICAL CERTIFICATION  20. DATE OF DEATH. CHARLES A. 1530 P. N
8.(b) Name of husband or wife.  7. Birth date of decessed (mo., day, yr.)  7. Birth date of decessed (mo., day, yr.)  7. Birth date of decessed (mo., day, yr.)	21. I CERTIFY that death occurred on the liabs above stated; that I attended deceased from 19.4
8. AGE: Years   Months   Bays   it less than one day	Immediate cause of death DURATION Stay
9. Birthplace (Town, county, and state)  10. Usual occupation 72	Due to Schris Schris unknym
11. Industry or business  12. Name	Other conditions
14. Malden name Delie?  15. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Unther Sparrows HE	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burlal, crymation, or removal. Which?)  Cemetery or crematory	Accident, suicide, or homicide
18. Funeral director Muss Robb. a Elliste Dys	Injured at home, tarm, Industry, public place (where?)  Means of Injury  Injured at work?
19. Aug 18. 19. 4. O. W. Helsich	23. SIGNATURE. At Thomas and,  M. Progrother  Sta M. M. Progrother

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Baltimore	(For newborn infants hive residence of mother)		
City or town Towson 4, Maryland (If outside city or town limits, write RURAL and give dearest town)	State Mily State County Dellisted		
How long in above place of death?	City or town		
Nospitat, Institution, or street address where death occurred:	Street No. Clark & Bellaug abe		
Eudowood Sanatorium, Towson 4, Md.	(If rural, give LOCATION)		
How long in hospital or institution? Ture affirst Hy 4 4	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security	Number	
Susaw Barry			
4. Sex 5. Cojor or face 8.(a) Single, magried, widowed, or divorced	MEDICAL CERTIFICATION		
female white Wedowed	20. DATE OF DEATH. Quest 17 19 15-7	1:300	
	21. I CERTIFY that death occurred on the date above stated; that i attended dece		
6.(b) Name of husband or wife Samuel P. Barry	21. I CERTIFF that death occurred on the date above states; that it attended dece		
7. Sirth date of Way, O- / F C years	and that last saw helf alive on august 10	( :.6	
deceased (mo., day, yr.) May 2/1868	Immediate caose of death.		
8. AGE: Years Months Days Tiless than one day	Immediate cause of death		
79, 3 /5hrsmin.	Pulle su on lutersalets	1	
a Buthalaca Virenia	Sue to.	Dince.	
9. Birthplace (Town, Sounty, and state)	SUE TO.	hoss	
10. Usual occupation. Laudelle Bul	One le	1472	
11. Industry or business	098 10		
= 12 Name Layus Child	Other conditions	***************************************	
13. Birthplace Wingauis V.	Other Conditions	* *************************************	
	(Include pregnancy within 3 months of death)	0	
14. Maiden name	Major fiadings ol operations		
3 15. Birthplace Mulig		, . , . ,	
Personal History - Mospital Records	Aolopsy results		
Addres Eudowood Sanatorium, Towson 4, Md.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Buria? 8/20/47	22. VIOLENCE: If death was due to external causes, till in the following:		
17. Burial Oate thereot 8/20/47 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Orlean Cemetery	Where did injury occur?	(State)	
Location Orlean, Va.	Injured al home, tarm, industry, public place (where?)		
11 24 Tilleans and Son	Means of Injury Injured at work?		
18. Funeral director A. T.	(		
Address 805 4. Calcut St.	23 SIGNATURE NA Dridge		
19 aug 19 19 47 a.w. Hedrick	М. D.	or other	
(Date rec's by registrar) Registrar	Address Towson 4, Maryland Oate signed!	aug 17/4	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

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	Rog, Diet. 110
DACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
How long in above place of death? 16 days Hospital, institution, or street address where death occurred:	State Maryland County Vife's Address: No address on Veteran. City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 3228 Kingsley Street
Vets. Adm. Hosp., Ft. Howard, Maryland How long in hospital or institution? 16 days	(If rural, give LOCATION)  2.(a) If veteran, name war.
How long in hospital or institution?	3. (b) Social Security Number
CHARLES L. BARTON	2/4-22-7/10
4. Set   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married - Separated	20. DATE OF DEATH August 1 19 47 21 7:10 B
6.(b) Name of hughging or wife Marie E. Barton  6.(c) It alive, give age 51 yeare  7. Birth date of 8-10-87	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) O=10=0 /  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
59 11 21min.	Metastatic Carcinoma, left lung 2 Wks.
9. Birthplace Baltimore, Maryland (Town, county, and state)  10. Usual occupation. Unemployed  11. Industry or business	Due to Hypernephroma 10 Month Due to
12. Name Charles Barton  13. Birthplace Maryland	Other conditions
14. Malden name Martha Thompson Maryland	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant Clinical Records, Vets. Adm. Hosp.	Autopsy results. Substantiated above.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Date thereof (mogth) (days (year))  Cemetery or crematory Baltimore National Comptent	Accident, suicide, or homicide
Location Baltimore, Maryland	(City or town) (County) (State)  Injured at home farm, industry, public place (where?)
18. Funeral director. Blight Funeral Home  Address 4914 Belair Rd., Baltimore, Md.	Robert M. Celleron
19. J- U 19 47 A. W. Hrings	23 SIGNATURE R. M. CULLISON, M. D. CLMID of other.  Address V. A. FT. HOTARD, MD. Date signed 8-2-47

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY

ASE,WRITE

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2411 N. Charles St., Baltimore

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1. PLACE OF DE	ATH:		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:
County	Baltimore			
	्प ,	OWSON imits, write RURAL and give nearest town)	State Maryland Con	nety DETCTINOTE
(If «	outside city or town is	Mits, write RURAL and give nearest town)	City or town Towson	s, write RURAL and give nearest town)
low long in above place lospital, institution, or	street address where	death occurred:	Street No. 515 Allegheny Av	
515 Alleg	cheny Avenu	1e	Street No. (If rural, give	LOCATION)
How tone in hospitat o	r Institution?		2.(a) If veteran, name war	None
3. (a) FULL NAM			"	3. (b) Social Security Number
(0) 1 0 22 1111		IDA WARFEL BAYNE		None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Female	White	Married	20 DATE OF DEATH August 10,	47 a3:30 A
	W1771	am H. Bayne	21. I CERTIFY that death pequired on the date abo	
			may 74 19	47 10 aug 10 h 1947
7. Birth date of	A - A 0	6.(c) If alive, give age 65 years	and that i last saw h. exalive on	4.9%
	yr.) Agust 2'	Days   If less than one day	Immediate cause of death	DURATION
8. AGE: Years			myoca deal &	conffeelace
61	42-44	14hrsmin.	99 : 3	
9. Birthplace	Talbot Co	unty, Maryland county, and state)	Due to Chromes En	Ascordelis
	Ho	usewife	(D)	
10. Usual occupation.		••••••••••••••••••••••••••••••	Due to I ulmonary	collena
11. todustry or busines		Home	Pleure Eff	uscon
H 12. Name Dun	lop Warfel		Dther conditions	
3. Birthplace	Penna	•		
H 14. Maiden name	Fannie	Miller	(Include pregnancy within 3	
14. Maiden name 15. Birthplace	Pen		Major findings of operations.	
				Date of op
		ne \	Antopsy results	hich death should he charged statistically.
Address 515	Allegheny	Ave., Towson, Md.	22. VIOLENCE: If death was due to external case	
17. Buria	n, or removal. Which?	Date thereof Aug. 12, 1947 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremat		ect Hill Cemetery	Where did injury occur?(City or town)	
Location	Tow	son, Maryland	Injured at home, farm, todustry, public ptace (w	
18. Funeral director	xom /	Minne Somo	Means of Injury	Injured at work?
Address	Tow	son, Waysland	1 8	21 The Loud
		11/1/2011 1/2/201	32 SIGNATURE DRUES of	M. D. or etter
	12 19 4 7	TILDEFINATION INVITATION IN INCIDENT		md Date signed 8/11/47

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2411 N. Charles St., Baltimore

### CEDTIFICATE OF DEATH

/	CERTIFICA	LE OF DEATH	Rog. Dist. No	3.2
1. PLACE OF DEATH: County Baltimore		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n		
City or town	URAL and give nearest town) OS., 27 days Mt. Wilson	State. Maryland Councille of town Denton (If outside city or town limits, Street No. (If rural, give limits)	, write RURAL and give ne	eareat town)
How long in hospital or institution?.1yr3		2.(a) If veteran, name war	***************************************	V
3.(a) FULL NAME  John Smith B			3. (b) Social Security 218-09-530	
4. Sex   5. Color or race   6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male White M	arried	20. DATE OF DEATH August 2,	19.47	
	) If alive, give ageyears	21. I CERTIFY that death occurred on the date abov April 6	46 August	2, 1947
deceased (mo., day, yr.) September 1  8. AGE: Years Months Days	If less than one day	Pulmonary Tubercu		
41 10 21	min.			10 mos.
9. Birthplace Denton, Maryland 10. Usual occupation Clerk		Oue to. Tubercle Bacill		
12. Name William H. Beck 13. Birthplace Denton, Maryla		Other conditions None		***
3. Birthplace Denton, Marvla	nd	(Include pregnancy within 3 m		
14. Maiden name Mary L. Long 15. Birthplace Denton, Maryla		(Include pregnancy within 3 m		020000000000000000000000000000000000000
15. Birthplace Denton, Maryla	nd	•		
16. Informant John Smilth Beck		Autopsy results	ich death should be charger	t statistically.
Address Denton, Caroline  17 Burial Date there (Burial, cremation, or removal, Which?)	Co., Md. aug. 5, 1947 (month) (day) (year)	22. VIOLENCE: It death was due to external cause Accident, suicide, or homicide		
Cemetery or crematory Denton Ceme	tery	Where did Injury occur?(City or town)		
Location Denton, Maryland		Injured at home, farm, Industry, public place (wh		
18. Funeral director L. Virgil Moo:	re & Son	Means of Injury	Injured at work?	11
Address Denton, Maryland	Anata.	23. SIGNATURE Stewart	- D/Shof	er his
19. 8/2/47 19	ul Webster Registrar	Wount Wilson M	d. Date signed	3/2/47

information carefully. The obriect; age of death clearly and regibly. MARGIN RESERVED FOR BINDING

PLAINLY, WITH CNFADING INK. Supply every item of its especially important. Physicians: please write the causes

PLEASE WRITE

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### CERTIFICATE OF DEATH

886		rles St., Baltimore 93&	A 23
The state of the s	CERTIFICA	TE OF DEATH	Reg. Dist. No. 33
d legitly.	1. PLACE OF DEATH:  County Carling Mill Mad (Russel)  City or town Outside city or town limits, write RURAL and give nesrest town)	Samuel	DECEASED: other)  write RURAL and give nearest town)
information carefully of death clearly and	How long in above place of death? 23 475. 6 mos.  Hospital, Institution, or street address where death occurred:  (	Street No. 2/6 E. Johnston.  (if rurs), give Id.  2.(a) If veteran, name war.	adon St.,
ormat	Charles S. Bell Jr.		3. (b) Social Security Number
of ind	4. Sex 5. Color or race 6.(a) Single/married, wildowed, or divorced much Length	MEDICAL CEI 20. DATE DE DEATH	RTIFICATION  19 47 at 10230 A B
ry item the cau	S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dats above	-7, 10 /2 ang 19 47
ply ever	7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days the less than one day	and that I tast saw h alive on 2	
ADING INK. Supply every item of Physicians: please write the causes	9. Birthplace. Surann at Sa. (Town, county, and state)	Due to Mayo cardial Six	ufficiency 8 nos-
OING I	10. Ilsual occupation monate Rasewood -	Due to. Edema	2 days
Ev.	12. Name. Chardes Is. Bell 13. Birthplace Ancilla, Florida	Other conditions	onths of death)
WITH UNI	14. Malden name Kate mayey  15. Birthplace Beauford, S.C.	Major findings of operations.	
. 5	16. Interment Sustitutional Records	Autopsy results	ch death should be charged statistically.
E.S	(Burial, cremation, or removal, Which?)  Date thereof Cug. 44 47 (month) (day) (year)	22. VIOLENCE: If death was due to externat cause  Accident, suicide, or homicide	Date of
WRITE	Cemetery or crematory of or aventure territy  Location Location for the second	(City or town) Injured at home, farm, industry, public place (whe	
PLEASE	18. Funeral director Rushustown Mrd.	23. SIGNATURE Sharry S. C.	3 miles In D.
PIL	10 aug- 15-1047 Mary 15. Elim	Claring Me	IC has a signed 8/12/77

MARGIN RESERVED FOR BINDING

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8.(a) Single, married, widowed, or divorced

Divorced

6.(c) If alive, give age .....

If less than one day

(If outside city or town limits, write RURAL and give nearest town)

10 days

Vets. Adm. Hosp., Fort Howard, Maryland

10 days

ABRAHAM J. BINDER

White

3-11-99

2411 N. Cherles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Diat. No .... 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Maryland City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. C/o Salvation Army, S. Fremont & Hamburg (If rural, give LOCATION) St., Balto., 30, 3. (b) Social Security Number 266-10-5592 MEDICAL CERTIFICATION August 21 1947 16:00 P 20. DATE DE DEATH .... 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 11 19. 47 to August August 21 DURATION Unknown Oue to Chronic Glomerular Nephritis (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Where did injury occur? ...... (City or town) injured at home, farm, industry, public place (where?) ...... Injured at work? Means of injury

V.A.H. FORT HOWARD.

The correct age on carefully, information of death cle PLAINLY WRITE 回

BINDING

FOR

RESERVED

MARGIN

1. PLACE OF DEATH:

How long in above place of death?..

How long in hospital or institution?. 3. (a) FULL NAME

4. Sex

Male

7. Rirth date of

8. AGE:

deceased (mo., day, yr.)

Years

Baltimore

Fort Howard

Hospital, Institution, or street address where death occurred:

6.(b) Name of husband or wife.....

New York City, N. Y. (Town, county, and state) Painter 10. Usual occupation. 11. Industry or business 12. Name...... 13. Birthplace Reuben Binder Unknown 14. Maiden na 15. Birthplace Rose Blackwell 14. Maiden name Russia Clinical Records Vets Adm Hosp. Howard N. Blight 4914 Belar Road, Balto., Address (Date refd by registrar)

10

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH: D. AL.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	m. / m AL.
City or town	State County Callismore
	City or town
How long in above place of death? 5 Means	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streel No. 98 Resituacy
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
000. 411.1	
Ellew wood	Brook
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white Widow	20. DATE OF DEATH. 7 Ug. 2672 1947 21 4 20 PM
2	ZO, GATE OF SEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended decoased from
	Aug. 24 19 47 to 17-9 No 19 47
7 Right date of	and that I last saw h. A. alive on Aug. 26 = 19. 47.
deceased (mo., day, yr.) Secentific 3, 1866	Immediate cause of death
8. AGE: Years Months Days If less than one day	Tulial accident 30 min
80 8 23hrsmin.	
C.cala ad	Ansical Disease
9. Birthplace	Due to
10 Heuri occupation manul	***************************************
10. Usual occupation	Due to
11. Industry or business	
12. Hame Henry Wood	Diher conditions Wy Chardeles - 10 1974
12. Hame Henry Word  13. Birthplace England	
	(Include pregnancy within 3 months of death)
14. Malden name. Martha  15. Birthplace England	Major findings of operations.
15. Birthplace EMBLOMO	Date of op.
me Was I month	Autopsy results.
16, Informant JULE STURY JULIAN STURY	PHYSICIAN: Please underline the cause tu which death shund be charged statistically.
Address 98 Hentway, Dundalke	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17 Removal Date thereof aug. 29,1947	
(Burlal, cremation, or remoyal, Which?)  Bate thereot. (chonth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Church of The Redussely	Where did injury occur? (Crty of town) (County) (State)
Completely of Grantely and	Injured at home, farm, industry, public place (where?)
Location Bryw Mawy Pa,	
18. Funeral director Roland L. Fully	Means of Injury Injured at work?
2116 Q Jalla 1 14	mag mis
Address 1120 undalk w.	23. SIGNATURE
12Min me aring	M. D. parether
19. (Date reg'd by registrar) Registrar	Address Date signed Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The careet age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

SEP 2 1947 BUREAU V 8

2411 N. Charles St., Baltimore

			CERTIFIC	CATE OF DEATH Reg. Dist. No	*************
How long in above place of Hospital, institution, or standard Grant Gran	Grove H side city or town death?8yr reet address where rove Sta	s. 1 mo e death occurre to Hosp	RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	own)
	5. Color or race		ie, married, widowed, or divorced	MEDICAL CERTIFICATION	
E-mala					
Female	white		ivorced	20. DATE OF DEATH. August 2 194.7 at.]	0:25P
7. Birth date of			ope?	April 24 40.47 4 Apr 2	1947
deceased (mo., day, yr.)  8. AGE: Years	Months	Days	It less than one day	Immediate cause of death	DURATION
8. AGE: Tears	2	12	hrs.	Lobar Pneumonia, right	18 hr
11. Industry or business  12. Name Andra  13. Birthplace A  14. Maiden name  15. Birthplace  16. Informant Albest  Address 24 N.	Midwife  Em Blanke ustria Mary And Austria ct F. Blanke	tonneav	itch (son)	Generalized Arterioscleroses y  (Include pregnancy within 3 months of death)  Major findings of operations	years ears
17	uman 5 Ha	BAIT	(month) (gay) (year asmel (more - My Puck Prod	Accident, suicide, or homicide	te)
19, (Date rec'd by fegis	trar)	,	Magegi	trar Address	

MARGIN RESERVED FOR BINDING

THE UNFADING INK. Supply every item of information operant. Physicians: please write the causes of death clea

MARYI.AND	STATE	DEPARTMENT	OF	HEAL	TH

2411 N. Charles St., Baltimore 1310

06738

# CERTIFICATE OF DEATH

. 5/		
Par Dist	No	
Reg. Dist.	140	

					Reg. Dist. No	***************************************
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF	DECEASED:	
County Baltimore						
City or town Spring Grove Hospital (If outside city or town limits, write RURAL and give nearest town)				State Maryland Couo	lyBaltimoraC	ity
				City or town		
	e of death?		no.e			
			tal	Streel No. 1130 Battery Ave.		
		-		(If rural, give I	./	
		y.r.s3.	mo.	2.(a) If veteran, name war		
3. (a) FULL NAM	E E.				3. (b) Social Security 1	Number
Cathe	rine Brant					
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	white	S	ingle			La contact
				20. DATE OF DEATH AUGUST 2	19.4.7	at11:55P
8.(b) Name of husband	or wife	******************	***************************************	21. I CERTIFY that death occurred on the date above		
			(c) If alive, give ageyears	October 31 194	L to August 2	19.47
7. Birth date of			(c) IT 211VE, give 2geyears	and that I last saw tox alive on Augus	st 2	19.47
deceased (mo., day,	yr.) May 30,			Immediate cause of death		DURATION
8. AGE: Year		Days	ff less than one day	Carebral Hemorrh		7.4: hm
6	7 2	3	hrs min.		0	
D	- 344	3/3		- U-monton de CIM		***************************************
9. Birthplace Baltimora Maryland (Town, county, and state)				Due to Hypertensive CVR	11.508.50	years
10. Usuaf occupation Housework					***************************************	
10. Usual occupation				Due to		******************
11. Industry or busines						
			deceased)	Other conditions		
Z 13. Birthplace Baltimore, Md.				(Include pregnancy within 3 m		
14. Maiden name .Elizabeth .Bennett (deceased.)				(Include pregnancy within 3 me	onths of death)	
10				Major findings of operations	••••••••••	
El 15. Birthplace	Baltimor	e, Md.			Date of op.	
16. informant	Mrs. Berth	a Robi	son (niece)	Autopsy results.		
			Balt. Md.	PHYSICIAN: Please underline the cause to whi	ch death should be charged s	tatisticafly.
	*		A 1- 1A1-	22. VIOLENCE: If death was due to external caus	es, fill in the following;	
(Burial, cremation, or removal which?)  Date thereof (M. 5. 4.7. 5. 4.7. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.				Accident, euicide, or homicide.	Date of	
Cemetery or commeters				Where did Injury occur?(City or town)		
Location	Back	enco	e ma	Injured at home, farm, Industry, public place (whe	re?)	
	Mal		1 Str.	Meens of Injury	fnjured at work?	
18. Funeral director.			- Description	Declar	Juente	
Address	32070	WOY	ooth live			
G- U	4-	-	Mar - 1	23. SIGNATURE Grove State	Hospital M. D.A	nemer 3 . 147
19. (Date rec'd by re	19		Registrar	Address		

2411 N. Charles St., Baltimore

98

66739

# CERTIFICATE OF DEATH

Reg. Diat. N30

1. PLACE OF DEATH:  County Bal timore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County Charles		
City or town			
How long in above place of death? 2 years, 10 months, 10 days	City or town La Plata, Spring Hill (If outside city or town limits, write RURAL and give nea	rest town)	
Hospital, Institution, or street address where death occurred:	Street No.		
Spring Grove State Hospital	(If rural, give LOCATION)		
How long in hospital or institution? 2 years, 10 months, 10 days.	2.(a) if veteran, name war		
3. (a) FULL NAME William Bressels	3. (b) Social Security	Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white single	2D. DATE OF DEATHAugus t. 16	at 3 2 15 n (	
A 43 W 41 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4	21. I CERTIFY that death occurred on the date above stated; that t attended decea		
6.(b) Name of husband or wife	October 6 19 44 to August 1		
7. Birth date of 30050	and that t tast saw h.imallve on		
deceased (mo., day, yr.) 1865?	Immediate cause of death		
8. AGE: Years   Months   Days   It less than one day	Broncho pneumonia		
82 ?hrsmin.		V.O111.0.4	
9. Birthplace	Due to Amputation of the left fourth	***************************************	
	toe for gangrene	8 days	
10. Usual occupation Farmer	Due to		
11. Industry or business Ferm	Due (U.	*	
至 12. Name	Other conditions	***************************************	
12. Name		***************************************	
	(Include pregnancy within 3 months of death)		
14. Malden name?	Major findings of operations.		
El 15. Birthplace ?			
16. Informant Hospital records	Antopsy results. NONe		
Address Catonsville-28. Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
	22. VIOLENCE: tf death was due to external causes, till in the following:		
17. Burial Date thereot D=29-1. (Burial cremation, or removal, Which?)	Accident, suicide, or homicide		
Burial Bate thereot 8-29-17 (Burlal, cremation, or removal, Which?)  Spring Grove State Hospital	Where did Injury occur?		
Catonsville 28, Md.			
Location	tnjured at home, farm, Industry, public place (where?)		
18. Funeral directorSpringGroveStateHospital	Means of Injury Injured at work?		
Address Catonsville 28, Md.			
	23. SIGNATURE Isadore Tuerk, M.D.	e other	
19. 8 30 (Date see'd by registrar) 19 4) J. Carroll morning	Catonsville-28. Md.		



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

# CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH: County BALTIMOVE,	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
Cliy or town	State Md. County BALTIMOIE,
Hors long in above place of death? 7 Y V S.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 325 Murdock ROAd
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	SON Brown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FeMALE White SINGLE	20. DATE OF DEATH. A U 9. 30, 19.47, 21
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	July 9 1 19 46 10 augus 30 19 47
7. Birth date of deceased (mo., day, yr.)  MAYCH 15, 1887	and that I last saw if P. L. alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
60 5 15hrsmin.	
9. Birthplace BALTIMOVE, Md.	Due to
10. Usual occupation Home duties	Due to.
11. Industry or business	
12. Name REV. JOEL BrOWN  13. Birihpiace Centerville, Md.	Other conditions
13. Birthplace Center VILLE, Md.	(Include pregnancy within 8 months of death)
14. Malden name J. ANNA Adams  15. Birthplace DAILINGTON, Md.	Out air me of breast
15. Birthplace DAILINGTON, Md.	Major findings of operations. Copy 1/946
16. Informant Miss. ANNA Lee Brown	Date of op. (4)
	Autopsy results
Address 325 Murdock RoAd	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)  Date thereo (month) (day) (fear)	Accident, suicide, or homicide
Cemetery or crematory. GYEPN MOUNT	Where did injury occur?
Location BALTIMOVE, Md.	Injured at home, farm, Industry, public place (where?)
0.0,0 mit 0.00 of	Meens of Injury Injured at work?
12 1 01/	Al Ol alla to
Address 1900 EUTAW PRACE	23. SIGNATURE TO A COUNTY OF THE PARTY OF TH
19. (Daty tee'd by registrar) 19. 47. Chy Helluch Registrar	Address 4210 You'K ROAD Date signed.
(Dat Fec'd by registrar) Registrar	Address Q Z O O O Date signed

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEA	TH.			2. USUAL RESIDENCE (I-	HOME) 0	F DECEASED:	
County Baltimore				(For newhorn infants give residence of mother)			
				State Maryland County Baltimore			
(If our How long in above place o	tside city or town	limits, write RURA	L and give nearest town)	City or town Sparro	ows Poin	t , write RURAL and gi	
How long in above place o Hospital, Institution, or s	f death?	death occurred:	***************************************	711 F S		, write KUKAL and gr	ve nearest town
				Street No	(If rural, give	LOCATION)	***************************************
How long in hospital or i	nstitution?	dy		2.(a) If veteran, name war		***************************************	
3. (a) FULL NAME						3. (b) Social Sec	urity Number
	MORF	IS I. BRU	SHWILLER				
4. Sex	5. Color or race	6.(a)Single, mai	rried, widowed, or divorced	ME	DICAL CE	ERTIFICATION	٧
Male	White	Marri	.ed	20, DATE OF DEATH.	equet	7 19	4.7 al
E (b) Name of husband of	wife Beul	ah M. Bru	shwiller	21. I CERTIFY thal death occurred	on the date abo	ve stated; thal I altende	d deceased from
			alive, give age 60 years				7 19.47
7. Birth date of deceased (mo., day, yr.			inte, give age	and thal I last saw h	e on au	47	19.4.7
8. AGE: Years	Months		f jess than one day	Immediate cause of death			DURATION
63	5	18		arossau	Oce	war.	Sulden
		1	- to the same	0 to 1	0	+	
9. BirthplaceB	altimore,	MC .	)	Due to.	veren	me come	1/2/44
1D. Usual occupation	Machinist	Alian		Vascelles	ر دسی		1090.
			***************************************	Due to			
11. Industry or business			•				
		RSHWITTEL		Other conditions		•••••••	***************************************
13. Birthplace Ba				(Include pregn	ancy within 3 n	nonths of death)	
14. Maiden name 15. Birthplace	Marg	garet Brad	len	Major findings of operations			
15. Birthplace	Baltimo	re				Date of op.	
16. Informani Mrs	. Beulah	M. Brushw	iller	Antopsy results			
Address 711 F. St., Sparrows Point-19, Md.				PHYSICIAN: Please underline	the cause to wh	nich death should he ch	narged statistically.
		-		22. VIOLENCE: It death was du	e to external cau	ses, fill in the tollowing;	
Burial Date thereof Aug. 11, 1947 (Burial, cremation, or removal, Which?)				Accident, suicide, or homicide		Date of	- Jay Tym
Cemetery or cremator Lorraine Park				Where did injury occur?	(City or town)	(County)	State No. C. W.
Location Woodlawn, Md.				injured at home, farm, industry,			1 WP MAN
			lone	Msans of injury		Injured at weri	a Marken
000			WING	00	10	7 0	14 1
Address 200	08 Orlean	is st.,	097	23. SIGNATURE OCUL	ub E.	. Jarbe	J. M. D.
19. Cung.	16 1947	Daux	son I. Tarber	800000	Pin	mel	M. B. or other
(Date rec'd y reg	istrar)		Registrar	Address		Dale s	igned

RESERVED FOR BINDING

MARGIN

PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

WRITE



2411 N. Charles St., Baltimore

940

### CERTIFICATE OF DEATH

	and a state of the
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County / Color	(For dewporn intants give residence of mother)
City or town V- 4162000 bed	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town Par blees R/D
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where deaty occurred:	Street No.
**************************************	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ANNIE LOUISE BU	LL NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
T	
Fernelle White Single	20. DATE OF DEATH ( 1947, 21 330)
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
U.V. name of nosoana of whe	July 28 19 47, 10 aug 1 19 47
7. Birth date of years	
deceased (mo., day, yr.) Lew 5 - 1871	and that last saw all ve on 19 4
8. AGE: Years   Months   Days   11 less than one day	Immediate cause of death
71- 5 26min.	
	Cararac monopors 3 days
9. Birthplace. (Town, county, and state)	Due to.
(Town, county, and state)	
1D. Usual occupation.	Que to
11. Industry or business	005 (0
12. Name Johna Bull	Other conditions
12. Name Johna Bules  13. Birtholace Parkton Jul	
X SI. XI. I	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
14. Maiden name Sharek	
16. Interment Mile Lide Modernod	Autapsy results.
Address Parkelow Ind	PHYSICIAN: Please underline the cause in which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory As Costa	Where did injury occur?
151 1 Starl PIA Ind	
Location	tnjured at home, farm, Industry, public place (where?)
18. Funeral director Auntal & Manhlon	Moens of Injury Injured at work?
Address while Hall med	Mil B + A D
0 - 0 1 1 - 10	23. SIGNATURE Mes Working M. D. or other
(Date redd by registrar)  19.47 Mrs. Howard S. Made Registrar	line whate Hall mod and 2.4
registrar	Address

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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33



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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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P6744

# CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:  county Balto.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
Reisterstown	Slate Md. County Balto.
City or lows. Reisterstown (If outside city or town limits, write RURAL and give nearest town)	Paigtangtaun
How long in above place of death? 10 yrs	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary P.Cain	None
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDIÇAL CERTIFICATION
Female   White   Widowed	20. DATE OF DEATH 16 August 1947 at 6 A M
6.(b) Name of husband or wife Charles Cain	21. I CERTISY-that death occurred on the date above stated; that I attended deceased from
7. Birth date of Tune 30 3866	19 2 / to /6 way 19 7
7. 6 irth date of deceased (mo., day, yr.) June 10, 1866	
8. AGE: Years   Months   Days   If less than one day	Immediate course of death DURATION +
81 2 6nrs. min.	Species Teat 10 yrs +
9. Birthplace Delaware (Town, county, and state)	Due to
(10wa, county, and scarce)	
10. Usual occupation None	Due to.
11. Industry or business	,
Il 12. Name. John Peckworth	Diher conditions Cartario ecclirosia
12. Name John Peckworth  13. Birthplace Unknown	
	(Include pregnancy within 3 months of death)
14. Malden name.	Major findings of operations.
14. Malden name. Sarah Hutchins 15. Birthplace Unknown	Date of op.
16. Informant Albert Peckworth	Antopsy results
Address Woodlawn, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial (Burial, cremation, or removal, Which?)  Bate thereof Aug. 18, 1947 (month) (day) (year)	Accident, sutcide, or homicide
Cemetery or crematory Riverview Cemetery	Where did injury occur?
Location Wilmington Del.	Injured at home, farm, industry, public place (where?)
18. Funeral directorJ.F.Eline & Sons	Means of Injury Injured at work?
Address Reisterstown, Md.	23. SIGNATURES & T. Granshal ms
19 Qua-1b-19 47 Mary BELMO Registra	Address Bistustown, Mate signed b bug 4

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ASSESSED FOR THE PARTY OF THE P

2411 N. Charles St., Baltimore

518

### CERTIFICATE OF DEATH

Dist. No 35-

M. D. or other

CERTIFICA	IE OF DEATH	Reg. Diat. No. 3
1. PLACE OF DEATH:  County	City or town (If outside city or town I	County BaltiMoke.  Kimits, write RURAL and give nearest town)
How long In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME, Sidney Calhour.		3. (b) Social Security Number
4. Sex 5. Color ograce 6.(a) Single, married, widowed, or divorced		CERTIFICATION  21, 1947 a 6:25h
6.(b) Name of husband or wife	s and that I last saw h and live on	Ung 19 ff 19.4. OURATION OURATION 2 2 37
10. Usual occupation	Oue 10	
13. Birthplace Vivainia.  14. Malden name Hice Hosh.  15. Birthplace Vivainid.		in 3 months of death)
16. Informat / So. William allsoun.	Antonsy results.	
17. (Busiel, cremation, on somoval Which?)  Date thereol. J. (1967)  (phonth) (day) (year)		
Location Date Maye, May May Cametery,	Injured at home, farm, Industry, public place	
Address Rew Freedom,	Means of Injury	Boston In 4.

Address Irlu

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ADING INK. Supply every item of information carefully. The correspee

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PLEASE WRITE PLAINLY is especially

(Datoec'd by registrar)

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AUG 28 1947

BUREAU & 8

CERTIFICATE OF DEATH  Reg. Dist. No. 42		
1. PLACE OF DEATH: Bells	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give regidence of mother)	
County	111 A Fallo	
(If outside city or town limits, write RURAL and give nearest town)	State County Catharilla	
How long in above place of death?	(If outside city or town limita, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No. 24 June are	
How long In happital or institution? Haplato Lake	(If ural, give LOCATION)  2.(a) If veteran, name war	
3. (a) FULL NAME Charles a. be	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M Col	2D. DATE DF DEATH Queguel 14 47 31 3-30 P	
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of 1922	and that I last saw hallye on	
deceased (mo., day, yr.)	Immediate cause of death	
8. AGE: Years Months Days It less than one day	4 / p	
14 3 10 min.	Chowing blice	
9. Birthplace Calmonthe Old	Due to Survey	
(Town, county, and state)	0	
10. Usual occupation.	Due to	
11. Industry or business		
12. Name Charles a Carle 31 13. Birthplace Aformed Co Md	Other conditions	
	All Downstone of Loads	
14. Maiden name Truse Jackson	(Include pregnancy within 3 months of death)	
14. Malden name. Thuse Jackson  15. Birthplace  Butter Med	Major findings of operations.	
(of a Carlos Carlos	Date of op.	
18, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address of mer are	22. VIOLENCE: If death was due to external carries, till in the following:	
(Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide deletalent Date of any 14 4	
Chest was X fall	13.0- 14-11 6 14:11	
Cemetery or crematory.	Where did injury occur? (City or town) (State)	
Location	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. The Have Have Walland	Moens of Injury Chowing Injured at work?	
Address 16 31 Alrend feel an	M. M. II all the	
Aug MG 47 PIN II.	23. SIGNATURE M. D. or other	
19. (Date rec'd) by registrar Registrar	Address 1010 Read on Date signed august	

FADING INK. Supply every item of information carefully. The t. Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITKUYFF is especially important.

VS A15

RECEIVED

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BÜREAU 5 8

### 2411 N. Charles St., Baltimore

### CEDTIFICATE OF DEATH

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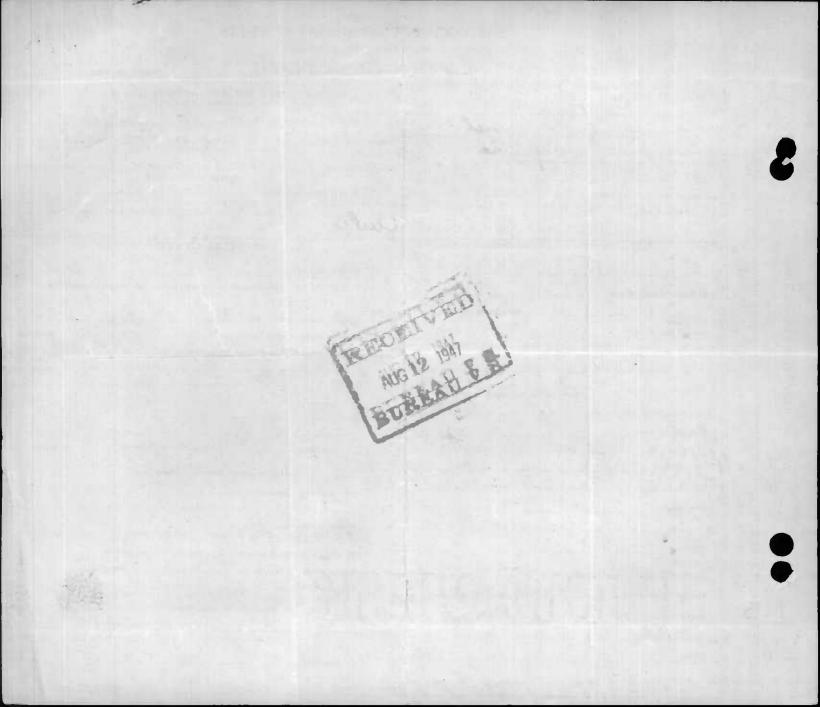
VS A15

(Date rec'd by registrar)

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93d

CERTIFICA	Reg. Diat. No.	
1. PLACE OF DEATH: County Saltinore Souly Paral	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	
City or town	City or town	
How long In hospital or Institution?	(If rural, give LOCATION)  2.(a) It veteran, name war	
3. (a) FULL NAME Elizabeth ann Cl	lileoat 3. (b) Social Security Number	
4. Sex  5. Color or race  6.(a) Single, married, widowed, or divorger  W. W	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  21. 4721 Ka	
6.(b) Name of husband or wife Source & Chulcoot.	21. I CERTIFY that death of curred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.)  8. A.G.E. Years   Months   Days   If less than one day	and that I last saw h	
8. AGE: Years Months Days It less than one day		
9. Birthpiace Oalto (Town, county, and stays)  10. Usual occupation / famemaliae -	Due to	
11. Industry or business	Due to.	
12. Name Evan D. Wheelee 13. Birthplace Balto Go md.	Other conditions	
14. Maiden name Martha Cale .	Major findings of operations	
2 15. Birthpiace Ballo. Co. Md.  16. Informant	Antopsy results	
Address - Carlton md.	22. VIOLENCE: It death was due to external causes, till in the tollowing;	
(Burial, cremation, or removal, Which?)  Cemetery or crematory	Accident, suicide, or homicide	
Location Sparls, many land	Injured at home, farm, industry, public place (where?)	
18. Funeral director Jandon M. Devol's Address Sparly, md	23 SIGNATURE Q. M. France	
19. (Date rec'd by registrar)  8-8-  47  Vilmer C. Hnsor  Registr	M. D. or alle 10 2	



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PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

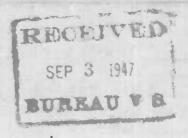
2411 N. Charles St., Baltimore

66748

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Batting & America	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	Garam 1 - 1
(If outside city or town (imits, write RURAL and give nearest town)	Slate County County
How long in above place of death? 9 days.	City or town I Y 18 L Mathy H are the Butto TM  (If outside city or town limits, write URAL and give nearest town)
Mosqital, Institution, or street address where death occurred:	
HOOD CONVALESCENT HOME	Street No
How long in hospital or institution? I amp	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MARY CLIZABERH CLARK	
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
have Minte Mintell	20. DATE DF DEATH 8 - 3/ 1947 at 640 p. m
8 (A) Hame of husband or wife them & W. Clark	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(o) Name of husband of wife	6-27 1849 10 8-31 1849
7. Birth date of	and that I last saw h And alive on 2 5 5 19
deceased (mo., day, yr.) NOYEMBER 3, 1863	Immediais cause of death
8. AGE: Years Months Days It less than one day	Cornon Ocelasia
83 37 7 27hrsmin.	
9. Birthplace RUM Town county and state	Due to.,
(Town, county, and state)	Gunde Jartengelerson
10. Usual occupation HOVZEWIFE	
11, Industry or business	Due to
12. Name Num Wesley Struston W	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Emily Britton  15. BirthWace For Ferm Fellow	
15. Birthlace Fox fem Delmon	Major findings of operations
2 9 9 4 1	Date of op.
16. Informant days	Aniopsy results
Address 444 Therety Herens and	
D -1 (4)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof: (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory	Where did injury occur?
Location Cumpton med	Injured at home, farm, Industry, pub <sup>11</sup> c place (where?)
8/00 1 10	Means of injury Injured at work?
000 0 11.00 2011	10 2 0 21 2
Address Hunch Hell my	23. SIGNATURE LAWY ( SET U-0 4)
19. 9/1 194 Honoldton	1600 915TM. 606. M.D. or other
(Doth was d for movieten)	Address 4307 Lowey / Lycus & Baje stoned 7-1-1



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Di.A	Th. F		

1. PLACE OF DE	ATH:		2. USUAL PESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother)	:
County Belti	more			
		Maryland limits, write RURAL and give nearest town)	State Maryland County Bal	timore
			City or town	
How long in above place Hospital, Institution, or	e of death?	days		
		t. Howard, Md.	Street No. 5029 Dunmore Avenue, (Ifrurai, give LOCATION)	DET TIMOLO " WU.
		days	2.(a) if veteran, name war.	
3. (a) FULL NAM			3. (b) Sec	ial Security Number
	COHEN,	Louis		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICA	TION
Male	White	Married	20. DATE OF DEATH. August 8	19 47 at 5:30 p
e (h) Name of husband	or wife Mrs	. Betty Cohen	21. I CERTIFY that death occurred on the date above stated: that	l attended deceased from
			August 5 19.47 to	
7. Birth date of			and that I last saw h. imalive onAugust 8	1947
deceased (mo., day,			Immediate cause of death	DURATION
8. AGE: Year		Days tf less than one day	DISSECTING ANEURYSM OF AORTIA	i l Week
52	8 9	1hrsmin.	PERICORDIAL TAMPONADE.	
9 Rirthnlace	Russia	h, eounty, and state)	Due toUNK.NC./IN	
1D. Usual occupation.	Plastere	r	Due to	
11. Industry or busines	ss			
12. Name	Abraham Co	hen	Other conditions NONE	
13. Birthplace				
		Malomit	(Include pregnancy within 3 months of death	
14. Maiden name 15. Birthplace	Threads		Major fiedings of operatious	
E 15. Birthplace	Masia			
16. Informant	Clinical F	lecords	Actopay results SUBSTANTIATED ABOVE	43 L - L 3 - 4 - 4 - 4
Address Vet	s. Adm. Ho	sp., Ft. Howard, Md.	PHYSICIAN: Ptease underline the cause to which death shou	
		A 10 104	22. VtOLENCE: If death was due to external causes, fill in the f	
(Burial, cremation	n, or remôval, Which	Date thereof August 10,194 (month) (day) (year)		
Cemetery or cremat	or Mickro	Rodesh Cong Cemeter	Where did Injury occur?	unty) (State)
Lessies Bow	levs Lan	e Herring Run	Injured at home farm, Industry, public place (where?)	•••••
		0		d at work?
18. Funeral director	Sol Levin	son & Bros.		
Address 1126	W. North	Ave. Baltimore, Md.	23 SIGNATURE Robert M. Cul	learly
8/9	47	a. (D. ) Jedrich	R. M. CULLISON, M. D., CLINI	CAL MDIRECTOR
(Date rec'd by r	egistrar)	2 Registrar		dne to signed 8-8-47

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PLAINLY, WITH UNF is especially important.

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# BALTIMORE CITY HEALTH DEPARTMENT 66

Registered	No. K.
	17.1.

71		
( )	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
3/	(a) Baltimore City, Maryland (b) Street address Victoria Road, Victory Villa,	(a) State Md. (b) County Baltimore
Ins	/(b) Street address Victoria and victory Villa, (c) Hospital or institution: Middle River,	(c) City or town Dundalk
E A	Balto. County, Md.	(If outside city or town limits, write RURAL and give town)
ibly	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No.Victoria Road, Victory Villa,  (e) Citizen of foreign country?  (fruit rural frival action in var. (Yes or No.)
e ca leg	(e) Length of stay in Baltimore (yrs., mos., or days)	(e) Citizen of foreign country? 12016 N1V87 (Yes or No)  If yes, name country. 160
d b		if yes, name country
oul	3 (a) FULL NAME KENNETH E. COLBERT	
information should be carefully of death clearly and legibly.	3 (b) If yeteran, name war Social Security Account	MEDICAL CERTIFICATION 30
tior h c	100.005 59-0247	20. DATE OF DEATH August 47, 1949, at 10 P.M
ma	4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married	21. I certify that I took charge of the remains described above, held an
of c		A .
of in	6 (b) Name of buttand or wife Ruby	Autopsy, Inspection or Inquiry
m	6 (c) If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came
item he cau	7. Birth date of deceased (mo., day, yr.) Ud-29-19/10	todeath on the day stated above, and death in my
Every ite	8. AGE: Years Months Days If less than one day	opinion resulted from: natural causes [], accident [], suicide [],
Wri	30 3 9 11 hrmin.	homicide, undetermined and that the causes of death were:
K.	9. Birthplace Derry , Pa. (Town, county, and state)	IMMEDIATE CAUSE OF DEATH Hemorrhage due to
INK. please	10. Usual Occupation France Helfow	bullet wound of right this with severed
	11. Industry or business Steel	right femoral artery
ADING cians:	E 12. Name Richard Colbert	Due to
UNF	13. Birthplace Penn	
1	14. Maiden Name Myrtle Lute	Other Conditions
WITH rtant.	14. Maiden Name Myrtle Lule  15. Birthplace Huff. Penn.	(Include pregnancy within 3 months of death)
WI	0, 10 11 13 11 1	
important.	16 (a) Informant 6 durail Colbert	22. If an external cause was primary or contributing cause of
	(b) Address 338 - 8 - Lorraine ave	death, fill in the following:  (a) Date of injury 9:30 P.Mat. August 10, 1947M.
PLAN ecially	(Burial, cremation, or removal) (month) (dxy) (year)	(b) Where did injury occur Victoria Road, Victory
	(c) Cemetery or crematory Allamine hadrond	(c) Did injury occur at home, on farm, industrial place, in public
WRITE e is esp		U
W.F	Location Location V. Que	
SE	18 (a) Funeral directory	(a) Weans or injury
PLEASE	(b) Address 403-6-75-37.	23. Signature M.D.
PL	19 (a) Cause 12 407 G. W. Hedrer Registrar	Date signed 8/11/47

# MARYLAND STATE-DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

TRAT	FIC	ATE	OF	DE	ATH

	CERTIFICA	Reg. Dist. No	
1. PLACE OF DEATH: County Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	son, Maryland limits write RURIL and give nearest town)  rs., 0 mos., 15 days death occurred: Mt. Wilson culosis Sanatorium  rs., 0 mos., 15 days	(If rural, give LOCATION)	neerest town)
3. (a) FULL NAME	about moon and and	3. (b) Social Securi	Iv Number
(/	Charles H. Corbin	#Unkn	
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White		2B. DATE OF DEATH. August 15th, 1947	8:25 A
7. Sirth date of deceased (mo., day, yr.) Octol  8. AGE: Years Months  55 9  9. Birthplace	8.(c) If alive, give age	Immediata cause of death Pulmonary Tuberculosis	19.4.7
1D. Usual occupation	3	Due fo	******
13. Sirthdlace Virgini	la 🦟	Dither conditions None  (Include pregnency within 3 months of death)	
14. Malden namé Georgia 15. 8irthplace Virgini	Skirtfelt	Major fiediogs of operations	
16. Informant Jessie Con	bin, Son	Actopsy resolts	red statistically.
17	Haven Cemetery L CoGlenBurnie, Md V. Singleton	Accident, suicide, or homicide	(State)
19. Aug. 15. 1947. (Date rec'd by registror)	Earl 7. Webst	23. SIGNATURE ALLENANT SOME MAN DATE SIGNATURE ALLENANT SOME DATE SIGNATURE	D. or other ed. 8/15/47

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WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, V is especially i

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11. Industry or business

SE WRITE PLAINLY, WITH U

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

PHYSICIAN

Please underline

# CEDTICIOATE OF DEATH

CERTIFICAL	LE OF DEATH Reg. Dist. No
1. PLACE OF DEATH:  County  City or town Office of your town limits, write RURAL NEAR and give town)  Street address, hospital, or institution:  Fainter  Stay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Addy And County Battery  City or town (If outside city or town limits, write RURAE NEAR and give town)  Street No. Palater Military Road  (If rural give LOCATION)  2(a) IF VETERAN, NAME WAR
3.(a) FULL NAME Jennie Cromwell (	Cross 3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced    Female White Widow  6 (b) Name of husband or wife   WALENT JAC   W. Cross	MEDICAL CERTIFICATION  2D. DATE OF DEATH AUGUST 31, 1972, at M  21. I CERTIFY that death occurred on the date above stated; that I alreaded deceased from 19 10 3 15 19 19 19 19 19 19 19 19 19 19 19 19 19

	50	1.6	100	hrs.	mln.
9. Birth	place Shar	Ks. I	3a Ho.	Co., Md	
1D. Usua	occupation	1043	eWIT	e	

13. Birthplace

15. Birthplace

Address

(Date rec'd by registrar)

(Include pregnancy within 3 months of death) Major findings:

the cause to which death should be charged statisti-22. VIOLENCE: tf death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Where dld injury occur?. (City or town) (State)

Injured et home, farm, Industry, public place (where?).

Means of Injury

23. SIGNATURA

# CERTIFICATE OF DEATH

Reg. Dist. No.

/							
1. PLACE C	12	elto.			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
County	9		0	***************************************	3		
City or town	(It outsi	de city or town li	mits write R	URAL and give nearest town)	State Co	aunty	**********************
					City or town (tf potside to the town limit	, 0	
		eath?			(trodiside myan total ami)	Write RUKAL and give nea	reat town;
100	6	male	3	are .	Street No.		
				6000000		re LOCATION)	
How long in ho	spital or inst	litution?		Q Julio	2.(a) It veteran, name war	***************************************	
3. (a) FULL	NAME	•	00		1/1	3. (b) Social Security	Number
	100	ence	10	anis of	1the.		
4. Sex	5.	Color or sace	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
male		white	1	widowed	n n	0	50
IIICI. O	1	1111100		1200100	2D. DATE DF DEATH.	9911947	, at
6.(b) Name of 1	husband or w	Me Anni	e Enge	elbright	21. I CERTIFY that death occurred on the date al	bove stated; that I attended dece	ased trom
					19	i to	19
7. Birth date of			Б. (	e) It allve, give ageyears	and that I last saw halive on		19
deceased (m		May	8, 186	56	Immediate cause of death		DURATION
8. AGE:	Years	Months	Days	It less than one day	Immediate diuse of death.		The state of the s
	81.	3	7	hrsmin.	( 00 - 100-	Dagles	6
		altimor	e Co.		Court	7.00000	May
9. Birthplace	3 C	(Town	county and	itate)	Due to		· · · · · · · · · · · · · · · · · · ·
							4
10. Usual occu	pation	Ret	rea		Due to	•••••	
11. Industry or	business						
当 12. Name.	Joh	าท			Bib andition		
E					Dither conditions	/10010000000000000000000000000000000000	
		Balti			(tnciude pregnancy within 3	months of death)	
量 14. Maide	n name G1	istine	Rober	ts	100000000000000000000000000000000000000		
14. Maide 15. Birthp		Balti	momo /		Major fiediogs of operations		
						Date of op	
16. Intermant	Mrs.	Louis	E.Bro	om	Autopsy results		
Address	606 F	Eastern	AVA.		PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
D				12/17	22. VIOLENCE: It death was due to external ca	auses, till in the following;	
17. DU	rial	removal. Which?)	Date ther	ed Aug. 12/47 (month) (day) (year)	Accident, suicide, or homicide	Date ot	
				(month) (day) (year)	Where did Injury occur?		
Cemetery or					Where did injury occur?(City or town)	(County)	(State)
Location	01]	Donnell	St.		Injured at home, farm, Industry, public place (		
1B. Funeral di	rectorQ.	larence	F. Ho	ffmenn	Mesne of tnjury	Injured at work?	0.
Address ]	.639 H	Broadwa	у.		(mula-	4 0	1.6.
4	-/11	¥ 2	1	1. Hop!	23. SIGNATURE	A. D.	other
19.	d by registr	19		) Registrar	vering &	Of hard almost	Call
(Date rec	d by registr			Contract 1 registrar	Address	are signed.	17147.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06754

# CEPTIFICATE OF DEATH

			CERTIFICA	TE OF DEATH	30
1. PLACE OF DI		ore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town(If How long in above place Hospital, Institution, o	Catons outside city or town ce of death? 6 yes or street address where Grove Stat	wille imits, write rs. 2 death occurre te Hosp	RURAL and give nesrest town) months, 3 days d:	State Maryland County  City or town Baltimore  (If outside city or town limits, write RURAL and give Street No. 306 North Exeter Street (If rursl, give BOCATION)	e nearest town)
How long In hospital	or Institution?6	ers, 2	months, 3 days	2.(a) If veteran, name war	
3. (a) FULL NAM	Toby De	llapen	ta	3. (b) Social Secu	rity Number
4. Sex male	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH	
6.(b) Name of husband			(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended June 16 19 41 10 Augus	deceased from t 19 19 47
T. Birth date of deceased (mo., day,	Dannel	oer 8.		and that I last saw h im alive on August 19	1947
8. AGE: Year	rs   Months	Days	If less than one day	Gangrene of the small bowel	
9. Birthptace	Daddle		state)	Due to Incarcerated hernia (left diringuinal)	indefinit
11. Industry or busine		laneou	8	Due 10. With strangulation	24 hours
12. Name		llapen	ta	Dither conditions	
	Italy Mary I	Dellape	nta	(Include pregnancy within 3 months of death)	
14. Maiden name	Italy			Major findings of operations	
	W		rds Veryland	Autopsy results	
Cemetery or cremat	n, or removal. Which? Hory Spring Catonsvil	Grove le 28,	ate Hospi <b>al</b>	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, sutcide, or homicide	(State)
			rust humanines Registrar	23. SIGNATURE Isadore Tuerk, M.D.  Address Catohsville-28, Marvlandoate signature.	D, or other 8-20-47



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VS A15

MARGIN RESERVED FOR BINDING

BALTIMORE						
CERTIF	ICA'	TE	OF	DEA	TH	410

Registered No. 43

1. PLACE of DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
(b) Street address 110 Linhigh Ave.	(a) State Mary Landb) County Baltimore
(c) Hospital or institution:	(c) City or town Fullerton (If outside city or town limits, write RURAL and give town
	(d) Street No110Linhigh Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country?(Yes or N
(e) Length of stay in Baltimore (yrs., mos., or days)32yrs	If yes, name country
3 (a) FULL NAME	WHAT IS A "CAUSK OF DEATH"?
John J. Doyle 3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
· :// No. to the Motor Manager	20. DATE OF DEATH Aug. 21.st 19.47, at. 5. A.
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that I atter
male white married	ed deceased from $3/9$ , to $8/2/19$ 19 4 and that I last saw h $1/3$ alive on $3/20/19$ 4.
6 (b) Name of husband or wife MarieJensonDoyle 6 (c) If alive, give age years	
7. Birth date of deceased (mo., day, yr.)	Immediate cause of death.  CANCER OF THE LUNG 2 YR
B. AGE: Years   Months   Days   If less than one day	
59 2hr., min.	Due to
9. Birthplace Baltimore, Md. (Town, county, and state)	Due to
10. Usual Occupation Printer	
11. Industry or business OWNEY	Other Conditions
11. Industry or business Owner  12. Name John J. Doyle	Other Conditions
11. Industry or business OWNER  12. Name John J. Doyle  13. Birthplace Baltimore. Md.	Other Conditions
11. Industry or business OWNER  12. Name John J. Doyle  13. Birthplace Baltimore. Md.	Other Conditions.  (Include pregnancy within 3 months of death)  Date of operation.  Major findings of operation:  Underline cause to when the death should death should be a second sho
11. Industry or business Owner  12. Name John J. Doyle  13. Birthplace Baltimore, Md.  14. Maiden Name Quinn  15. Birthplace Baltimore, Md.	Other Conditions.  (Include pregnancy within 3 months of death)  Date of operation.  Major findings of operation:  of autopsy:  Other Conditions  PHYSICIA  Underline eause to when the condition of the condition
11. Industry or business Owner  12. Name John J. Doyle  13. Birthplace Baltimore, Md.  14. Maiden Name Quinn  15. Birthplace Baltimore, Md.  16. (a) Informant Mrs. John J. Doyle	Other Conditions.  (Include pregnancy within 3 months of death)  Date of operation.  Major findings of operation:  of autopsy:  22. If death was due to external causes, fill in the following:
11. Industry or business OWNER  12. Name John J. Doyle  13. Birthplace Baltimore, Md.  14. Maiden Name Quinn  15. Birthplace Baltimore, Md.  16 (a) Informant Mrs. John J. Doyle  (b) Address 110 Linhigh Ave.	Other Conditions.  (Include pregnancy within 3 months of death)  Date of operation.  Major findings of operation:  of autopsy:  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide.
11. Industry or business OWNET  12. Name John J. Doyle  13. Birthplace Baltimore, Md.  14. Maiden Name Quinn  15. Birthplace Baltimore, Md.  16 (a) Informant Mrs. John J. Doyle  (b) Address 110 Linhigh Ave.  17 (a) burial (b) Date thereof 8/25/47  (Burial, cremation, or removal) (month) (day) (year)	Other Conditions.  (Include pregnancy within 3 months of death)  Date of operation.  Major findings of operation:  of autopsy:  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date of occurrence.  (c) Where did injury occur?
11. Industry or business Owner  12. Name John J. Doyle  13. Birthplace Baltimore, Md.  14. Maiden Name Quinn  15. Birthplace Baltimore, Md.  16 (a) Informant Mrs. John J. Doyle (b) Address 110 Linhigh Ave.  17 (a) burial (b) Date thereof 8/25/47 (Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Parkwood	Other Conditions.  (Include pregnancy within 3 months of death)  Date of operation.  Major findings of operation:  of autopsy:  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date of occurrence.  (c) Where did injury occur?  (City or town) (County) (State (d) Did injury occur about home, on farm, industrial place, in publications.
11. Industry or business Owner  12. Name John J. Doyle  13. Birthplace Baltimore, Md.  14. Maiden Name Quinn  15. Birthplace Baltimore, Md.  16 (a) Informant Mrs. John J. Doyle  (b) Address 110 Linhigh Ave.  17 (a) burial (Burial, cremation, or removal) (month) (day) (year)  (c) Cemetery or crematory Parkwood  Location Baltimore, Md.	Other Conditions.  (Include pregnancy within 3 months of death)  Date of operation.  Major findings of operation:  of autopsy:  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date of occurrence.  (c) Where did injury occur?  (City or town) (County) (State (d) Did injury occur about home, on farm, industrial place, in publications.
11. Industry or business Owner  12. Name John J. Doyle  13. Birthplace Baltimore, Md.  14. Maiden Name Quinn  15. Birthplace Baltimore, Md.  16 (a) Informant Mrs. John J. Doyle  (b) Address 110 Linhigh Ave.  17 (a) burial (Burial, cremation, or removal) (month) (day) (year)  (c) Cemetery or crematory Parkwood  Location Baltimore, Md.  18 (a) Funeral director Canada June 17 (2000)	Other Conditions.  (Include pregnancy within 3 months of death)  Date of operation.  Major findings of operation:  of autopsy:  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date of occurrence.  (c) Where did injury occur?  (City or town) (County) (State (d) Did injury occur about home, on farm, industrial place, in pub place?  (Specify type of place)
11. Industry or business Owner  12. Name John J. Doyle  13. Birthplace Baltimore, Md.  14. Maiden Name Quinn  15. Birthplace Baltimore, Md.  16 (a) Informant Mrs. John J. Doyle (b) Address 110 Linhigh Ave.  17 (a) burial (Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Parkwood Location Baltimore, Md.	Other Conditions.  (Include pregnancy within 3 months of death)  Date of operation.  Major findings of operation:  of autopsy:  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date of occurrence.  (c) Where did injury occur?  (City or town) (County) (State (d) Did injury occur about home, on farm, industrial place, in publications.

The

Every item of information should be carefully supwrite the causes of death clearly and legibly.

RESERVED FOR BINDING

MARGIN

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

100

/	06/36
1. PLACE OF DEATH:  (a) Baltimore Cris, Maryland  (b) Street address Sparrows Pt. Dundalk Bridge  (c) Hospital or institution: Sparrowa Pt., Md.  (d) Length of stay in hospital or inst. (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State
6 (b) Name of husband or wife	Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day  46   Jan   30   hrmin.	tohis_death on the day stated above, and death in my opinion resulted from: natural causes, accident, suicide, homicide, undetermined X and that the causes of death were
9. Birthplace Virginia  (Town, county, and state)  10. Usual Occupation  11. Industry or business  12. Name Festus Dykes	Drowning  Due to
13. Birthplace Virginia  14. Maiden Name Carrie Lightfoot  15. Birthplace Virginia	Other Conditions(Include pregnancy within 3 months of death)
16 (a) Informant Carrie H. Dykes  (b) Address 2029 Madison Avenue  17 (a) (Burial, cremation, or removal) (b) Date thereof 9-5-47 (month) (day) (year)  (c) Cemetery or crematory Culpper Location Virginia	22. If an external cause was primary \( \begin{align*}{c} \) or contributing \( \begin{align*}{c} \) cause of death, fill in the following:  \( \begin{align*}{c} align
18 (a) Funeral director. Archibald A. Gaddis  (b) Ablifa 2101 McCulloh St.  19 (a) Baltimore, Md.  (Date rec dby regular)	(d) Means of injust Found drowned  23. Signature for: George G. Merridie, EMuller  Date signed 9/2/47

MARGIN RESERVED FOR BINDING

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dist	0	6	7	5	17
	()	2	6	U	
Disa	NI.	. 2	0		

# CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

	0675,7
leg. Dist.	No38

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	•
				State Maryland county Parkville	***************************************
City or town(1f	outside city or town	imits, write R	RURAL and give nearest town)	City or town	
			••••••••••••		
	r street address where			Street No. 2915 Putty Hill Ave.	
			venue	(If rural, give LOCATION)	,
How long in hospital o	or institution?			2.(a) If veteran, name war	
3. (a) FULL NAM	E	ANNA	T. ELTON	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	white		married	2D. DATE DF DEATH Aug. 9th, 19.47	, at
8.(4) Name of husband 7. Birth date of deceased (mo., day.		bert . 18,	W. Elton c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that it tended dece	19 47.
8. AGE: Year		Days	If less than one day	Immediate cause of death Sufferences	DURATION
69	9	22	hrs. min.	Bilanoumy / MANAGUMANA	Typean
D. Birthplace	Bostor	. Mas	S	Due to	1
1D. Usual occupation	<u></u>	t hom	e	D t.	******************************
11. Industry or busines	22			Due to	
		Rona	n	Diher conditions	
12. Name	Tno	land	TT		*******************
EL 13. Birthplace	71.6			(Include pregnancy within 3 months of death)	
				Major findings of operations.	
15. Birthplace	?			Date of op.	-
	r. Rober	t W. T	lton	Antonay results.	
				PHYSICIAN: Please underline the cause to which death should be charged	
	915 Putt			22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Bur	ial	Date ther	eof	Accident, suicide, or homicide	
(Burial, cremation	n, or removal. Which	n la ma	(month) (day) (year)	The state of the s	
(			Mem Pk.	Where did injury occur? (City or town) (County)	(State)
Location	Bal	timore	, Md.	injured at home, farm, industry, public place (where?)	
	Leonard			Means of Injury Injured at work?	_
				Clark & lift	
Address 5	305 Harf			23. SIGNATURE AMPLIA 6. While .	
19. 8/11	egistrar)	7	W. Hedicel	23. SIGNATURE M. D. c. M. D. c. Date signed of	7-aug 47
(5000 110 00 00) 11			Dra		

2411 N. Charles St., Baltimore

1610

# CERTIFICATE OF DEATH

06758 Reg. Diat. No. 4/

1. PLACE OF DEATH: Baltissone	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County Callissock
How long in above place of death?	City or town to Mella Alek Spandura (If outside city or town limity, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 7301 Bayfront Road
	(Murai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Dewey a. Fe	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, marries, widowed, or divorced	MEDICAL CERTIFICATION
male While Single	20. DATE OF DEATH. Cly. 24 1947 21 93-P. M
	21. I CERTIFY that death occurred of the date above stated; that I attended deceased from
6.(b) Name of husband or wite	
7. Birth date of A.	and that I last saw halive on
deceased (mo., day, yr.) Allqual VV, 947  8. AGE: Years Months Days 11 less than one day	Immediate cause of death DURATION
S. AGE: 16a1s monthly 3min.	Application of the state of the state
Garant Maria de Roya	1101 Julie (Mustasis Daug)
9. Birthplace	Due to
1D. Usual occupation maye	
1t. Industry or business	Due to
12 Name Robert Ferrell	Other conditions
12. Name No Cert & Excel	
	(Include pregnancy within 3 months of death)
1 5 1/1/10/	Major findings of operations
I 15. Birthplace W. Va.	- Cate of op
18, Informant	Actorsy results
Address 730 / Boyfrond Rd. Sparvaur Forest	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which)	Accident, suicide, or homicide
Cemetery or crematory Oaks Laws	Where did injury occur? (State) (County) (State)
Exitores Daso.	Injured at home, farm, industry, public place (where?)
Location CONCENTRAL AND	Means of Injury Injured at work?
18. Fuoeral director	1 DOB - A MAI
Address 2/12 Dundalk ave.	23. SIGNATURE DE TOURS HALLA
" 8/26/47 Mmlme	D. M. M. J. C. Camme M. D. 60 other cof Co
(Date rec'd by registrar) Registrer	Address Date signed Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contact age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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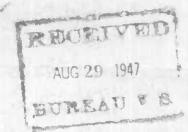
A special service of the service of

# CERTIFICATE OF DEATH

06759 Reg. Dist. No. 40

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residenes of mother)
County Balliessone	State Mid. County Balling
City or town Note L. Cliff Man Townon (If outside city of town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rurat, give LOCATION)
How long in hospital or Institution?	2.(a) If veieran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sister Mary Afmeda Fichter  4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7	
Female White Single	20. DATE OF DEATH. Aug. 24 19 4.7 21.8.00 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	July 1 137, to Aug 24 1947
7. Birth date of	and that I last saw h. asalive on _Aug_20
deceased (mo., day, yr.) Aug. 15, 1891	Immediais cause of death
8. AGE: Years Months Days If less than one day	Pulmonary Tubernulosia 26 yra
56 9min.	/ /
9. Birthplace Pi H& Burgh Pa. (Town, county, and atate)	Que to
(Town, county, and atate)	
10. Usual occupation. Hause work	Due 1o.
11. Industry or business	946 10
	Other conditions.
12. Name Philip Fichtex  13. Birthplace Pittsburgh Pa	
13. Distriplace   P. D.	(Include pregnancy within 3 months of death)
14. Maiden name Josephine Link	Major findings of operations
2 15. Birthplace P: HS burgh Pa	Date of op.
14. Maiden name Josephine Cink  15. Birthplace Pi Hs Gurgh, Pa  16. Informant Sx. Mary Clara	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Noteh Clift, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, eremation, or removal. Which?)  Date thereof (month) (das) (year)	Accident, suicide, or homicide
(Burial, eremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Selen and	Injured at home, farm, industry, public place (where?)
es mother Mouse	Means of Injury Injured at Tork?
18. Funeral director	
Address 8// / A pure 8 Kg	23/86NATURE DULL VILLE
812) 42 Hall motomer	M, D, or other
(Bate rec'd by registrar)	Address Date signed

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

og. Diat. No. 43

und -

	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Baltimore  City or town Raspeburg (If outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution?	Street No. Fitch Ave. #495 (If rurol, give LOCATION)
3.(a) FULL NAME  Elizabeth K. Fitch	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced female   white   married	MEDICAL CERTIFICATION  20. DATE DF DEATHAugust 11th
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  19. 4 to 19. 4  and that I last saw here alive on 19. 4  Immediate save of death DURATIO
8. AGE: Years   Months   Days   11 less than one day   75   4   26	Carcinenations 6 ms
9. Birthplace	Due 10. Sastha Carenoma 6 ms
12. Name John Hoerner 13. Birthplace Germany  H 14. Maiden name Rosie Gross	Other conditions My Retalensive Cardio - 10 ye
14. Maiden name Rosie Gross 15. Birthplace Germany	Major fiedings of operations
Mr. George W. Fitch  Address Fitch Ave., Raspeburg	Actors results
17. burial Date thereot 8/13/47 (Burial, cremation, or removal, Which?) Cemetery or crematory St. Johns Lutheran	22. VtOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
18. Funeral director Lasseln Funeral Home.	Injured at home, farm, Industry, public place (where?)  Means of Injury  tnjured at work?
19 aug. 11- 19 47 mp 9 L. Reifanila	23. SIGNATURE M. D. or other



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		19		7

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF I				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Baltimore		State Maryland County U	Juc.		
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)					
How long in above pi	ace of death? 8 Da	ys		City or town Quantico. (If outside city or town limits, write RURAL and give	nearest town)
Hospital, institution,	or street address where	death occurred	l:	Streel No. None	
Vets. Ad	m. Hosp., F	ort How	ard, Maryland	(If rural, give LOCATION)	
How long in hospila	or Institution?.8Da	ys	······································	2.(a) 11 veteran, name war	
3. (a) FULL NA				3. (b) Social Securi	ity Number
		CH, Roy	A . e. married, widowed, or divorced		
4. Sex	5. Color or race			MEDICAL CERTIFICATION	
Male	White	S	ingle	20. DATE OF DEATH August 20, 19 4	7 at 5:15 am
	d:	n ella		21. I CERTIFY that death occurred on the date above stated; that I attended d	
				August 12, 19 47 to August	
7. Birth date of		6.(d	c) Il ailve, give ageyears	and that I last saw h im alive on August 20,	
deceased (mo., da	y, yr.) 3-10-9	4		Immediate cause pl death	
8. AGE: Ye	ears Months	Days	Il less than one day	Myocardial Insufficiency	Unknown
5	3 5	10	hrs min.		
			state)	Que to Coronary arteriosclerosis	Unknown
10. Usual occupatio	Farmer			Que to	***************************************
11. Industry or busi	ness				1 '
S 12 Name J	ames A. Fre	nch		Other conditions Anasarca, Myxedema and	
13. Birthpiace				Atrophy of thyroid (Include pregnancy within 3 months of death)	
es la difficient	Ada Marris	. 7 <b>7</b>			
H 14. Maiden na	me ACE MEXWE	37		Major findings of operations	
15. Birthplace	Ada Maxwe	M TOLK			
16 Informant GI	inical Reco	ords. Ve	ets. Adm. Hosp.	Autopsy results Substantiated above.	
	ort Howard,			PHYSICIAN: Please underline the cause to which death should be charge	ged statistically.
Manicas				22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Buri	al Which	Date ther	eof(month) (day) (year)	Accident, suicide, or homicide	
			ery	Where did Injury occur?	**************************************
Cemetery or cren	natory	YW. WING. M.			
Location				Injured at home, farm, Industry, public place (where?)	
18 Funeral directo	Lilly	& Zeile	7	Means of Injury Injured at work?	
id. I dileta) diletto	Wolfe St.	Balto	. Md.	DO , 10. 000.	
				23. SIGNATURE Robert M. Cullesvin	D. Sawiother
19 are	72( 19 F	7 6	W. Helsel	R. M. CULLISON, M.D. CLIN.	P. Difother
(Date rec'd be	registrar)		Registrar	Address V. A. H. FORT HOTA D. Date sign	1ed

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Char	rles St., Baltimore 94a
CERTIFICA	TE OF DEATH Reg. Dist. No.
County  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?.  Hospital, institution, or street address where death occurred:  How long in hospital or institution?.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For numbers it fants give residence of mother)  State County  City or town III outside city or town limits, spice RURAL and give negress town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Thesley Grens	3. (b) Social Security Number
1 Sex   5. Color of race   8.(a) Single, parried, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  20. DATE OF DEATH.  21. C
6.(b) Name of husband or wife All Management of the first	21. I CERLIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day / Architecture of the control of the	and that I last saw h
9. Birthplace (Town, colinty, and state)	Due to
11. Industry or busings of the state of the	Dther conditions
14. Maiden natural Library Lidwell  15. Birthpiace	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Lillin General Address 6806 Billona ATT	PHYSICIAN: Please underline the cause to which death should be charged statistically
(Burial, cremation, or removal which?) Date thereof	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide
Location Cemetery or crematory Control of Co	Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?
1B. Funeral director Address 12/9 F Own of	23. SIGNATURE Received fourles
19. (Date rec'd by registrar)	M. D. arsther

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CEDTIFICATE OF DEATH

		2 1/20	CERTIFICA	Reg. Diat. No		
1. PLACE OF D	EATH: to			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town.  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Mospital, institution, or street address where death occurred:			URAL and give nearest town)	State Md. County Balto.  City or town Glyndon  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)		
How long in hospital	or Institution?			2.(a) If veteras, name war	*************	
3. (a) FULL NAM		Alber	rt Fuss	3. (b) Social Secu 217-20-		
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Vic	lowed	20. Date of Death August 26 19.4	7 ,at 7 A	
7. Birth date of	35		USSyear	8-26-147 to to 8-2	6-1471	
deceased (mo., day  8. AGE: Yea  62		Days	If less than one dayhrsmin.	Immediate cause of death   Coronary Occlusion	10 mins	
10. Usual occupation	Labore	er	tate)	Duo to		
FI				Dither conditions	*******	
13. Birthplace			ds	(Include pregnancy within 3 months of death)		
15. Birthplace		Co.	t .	Major fiedings of operations		
	Mary E.Fus Glyndon, N			Autopsy results		
Buris (Baris), cremation	1 on, or removal. Which?)	Date there	of Aug. 29, 1947 (month) (day) (year)			
	rrell Co.		••••	(Oily or town) (County)		
			ons			
Address Re	isterstow	n, Md.		23. SIGNATURE Dr. D. D. Eagles 7	ned, Exam	
19. Quantity of the Country of the C	29-19-47	Me	B. E- Line Registrar	23. SIGNATURE M. M. AddressReisterstown, Md. Dato sig	D. or other ned 8-27-14	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

Welf STILLIST DATE.

SEP 2 1947

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WRITE PLAINLY, is especially

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

			OBITATI TOTAL		DAMENTA		Reg. Dist. No	•
1. PLACE OF DE	ATH:			2. USUA	AL RESIDENCE (I-I	OME) OF I	ECEASED:	
County				City or toy	Raphae	aw, Md	erite RURAL and giv	re nearest town)
How long in hospital o	r institution?			2.(a) If ve	2.(a) If veteran, name war			
3. (a) FULL NAM	mis &			EDITH	ALVINA C		3. (b) Social Secu None	rity Number
4. Sex	5. Color or race		e. married (midowed) or divorced	20, DATE D	MED OF DEATH Aug		TIFICATION	
6.(b) Name of husband or wife William H. Gabel  7. Birth date of deceased (mo., day, yr.) pec. 23, 1877					IFY that death occurred of the saw hada alive	19.47	10 ang 3	
8. AGE: Year		Days	If less than one dayhrsmin.	Immediaia	Coronary	disco		2 yrs
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation Housewife				Due to				
11. Industry or busines	Henry		ich	Other cond	lilions au	reglia		10 yps?
3   13   Birthplace   Baltimore, Md.				Major find	(Include pregna	*************************		none
16. Informant William Irvin Gabel Address Raphael Rd., Bradshaw, Md.				Antopsy r PHYStCIA	AN: Please underline the	e cause to which	death should he cha	
Burial Barial Bate thereof 9/2/47 (Burial, cremation, or removal, Which?)  Cemetery or crematory Loudon Park Cemetery				Accident,	suicide, or homicide	•	Date ot.	
Location Baltimore, Md.				11	home, farm, Industry, pu			
18. Funeral director HENRY SANDER & SONS, INC.  NORTH AVE. & BROADWAY				Means of I	hel	04	Injured at work?	mp
19. Sept. 2 19. 47. A.W. Helich (Day ree'd by registrar)				23. SIGNA Address	Edger	vord	my Date sig	D. or other

Registrar Address Edglword, md. Date signed 8-30-k7

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1640

# CERTIFICATE OF DEATH

Dist. No. 38

66765

	Reg. Dist. No Stary		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Balto			
City or town Parkville G. C. (If outside city or town limits, write RURAL NEAR and give town)			
Street address, hospital, or Institution:	City or town Parkville Ward No. (If outside city or town limits, write RURAL NEAR and give town)		
8626 Oakleigh Rd.	Street No. 8626 Oakleigh Rd.		
Stay in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)		
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR		
3. (a) FULL NAME	OF EMMILL) 3. (b) Social Security Number		
Tel Tryck temm	ill (GEIIIILL)		
4. Sex 5. Color or race 6.(a) Single. married, wildowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH rangust 25 1947, of 845 M		
6 (b) Name of husband or wifeMargaret_CGemmill	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from		
	19 to 19		
7. Birth date of	and that I last saw h allive dis-		
deceased (mo., day, yr.) May 4th, 1920	Immediatokayse of death + Shot gun wound 1 DURATION		
8. AGE: Years Months Days If less than one day	Chest and three theast Sueide 8/25/47		
27 3. 21hrsmin.			
9. Birthplace Balto , Md (Town, county, and state)	Due to		
10. Usual occupationOperator	Gue to		
11. Industry or business Balto. Transit Co.	•		
12. Name Frank R. Gemmill 13. Birthplace Belto. Co. Md.	Other conditions		
14. Maiden name Sophia Wimsett	(Include pregnancy within 8 months of death)  Major findings:  PHY5ICIAN		
14. Maiden name Sophia Wimsett  15. Birthplace Balto. Co., Md.	Of operations		
16. Informant Ars. L. F. Gemmill	death should be		
	Df outcome cally.		
Address 8626 Oakleigh Rd., Balto.14, Md.	22. VIOLENCE: If death was due to external causes, All in the following;		
17. burial Date thereof Aug. 28, 1947 (Burial, cremation, or removal, Which?)	Accident suicide or homicide Suice Bate of 8/25/4/4		
Cemetery or cremetory Balto. Natal. Cemetery	Where did Injury occur? Bayneville Baltune Med.		
Location Balto., Md.	(Cary or town) (County) (State)		
DIT ON	Means of Injury Injured at work?		
18. Funeral director Landent Visual House	Migures et works		
Address 7401 Belair Road	Rolling Reday 11/2 DM E		
10 8/26 10H1 9.M. Dasse	23. SIGNATURE M. D. or other		
(Date/rec'd by registrar)	Address Jourson Md Date signed 8/25/47		

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PLEASE WRITE P

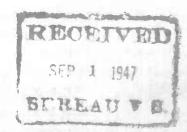
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
Cotonomi 110	State Maryland County				
City or lown					
How long in above place of death? 5 years, 10 months, 23 days.	(If outside city or town limits, write RURAL and give near	City or town.  Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street No. 234 South Gilmor Street				
Spring Grove State Hospital	(If rural, give LOCATION)				
How long in hospital or institution?5years,10months,23day	2.(a) If veteran, name war.	***************************************			
3. (a) FULL NAME Mary Germershausen	3. (b) Social Security N	umber			
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
female white single	20. DATE DF DEATH August 22 19.47	at 5.2.3.5a.			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decease				
	September 30 19 41 10 August 2	219.4.7			
7. Birth date of	and that I last saw hOralive onAugust22	19.4.7			
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediate caose of death	DURATION			
o. Ada.					
		indefinit			
9. Birthplace Baltimore, Maryland (Town, county, and state)					
1B. Usual occupation. Housekeeper	disease	***************************************			
	Due to				
11. Industry or business Boarding house					
12. Name Frank Germershausen  13. Birthplace Germany	Other conditions				
	(Include pregnancy within 3 months of death)				
14. Maiden name Mary Weissbede	Major findings of operations.  Date of op.				
2 15. Birthplace Germany					
16. Informant Hospital records	Aotonsy resulta. none				
	PHYSICIAN: Please underline the cause to which death abould he charged st				
Address Catonsvilla-28, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;				
17. Burial Barial Baria	Accident, suicide, or homicide				
Cemetery or crematory Spring Grove State Hospital	Where did injury occur?				
	(City or town) (County)				
Location Catonsville 28, Md.					
18. Funeral directorSpring Greve State Hospital	Means of Injury Injured at work?				
Address Catonsville 28, Md.	Isadore Tuerk M D				
M- 46 .)	23. SIGNATURE M. D. or	other			
19. (Dato vec'd by registrar)  19. (Dato vec'd by registrar)  19. (Dato vec'd by registrar)	Address Catonsville-28, Md. Date signed				



# CERTIFICATE OF DEATH

	ATE OF DEATH Reg. Diat. No. 40
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infasts give residence of mother)  Slate
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Boy, Fr. Liffin	3. (b) Social Security Number
4. Sex   5. Color or race   B.(a) Single, manufact, with will or arrorred  W. Single	MEDICAL CERTIFICATION  20. DATE DE DEATH AND G 184 (2) . at 6 )
8.(b) Name of husband or wife 6.(c) If alive, give age ye  T. Birth date of 7.00 3	21. CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day  Solution of the state	Immediate cause of death Herborn Hegy 10
1D. Usual occupation	Due to.
12. Name Denj & Fuffin	Dther sondillons Toffel Cleld 3 y
14. Maiden name 200 A Tall	Major findings of operations
16, Interment Bosses Guffin	Autopsy results PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. Which?)  Dale thereof. (month) (day) (year)	
Location Location	Where did injury occur? (City or town) (Connty) (State) injured at home, farm, industry, public place (where?)
18. Funeral director Classic Continues  Address  Address	Meene of injury Injured at work?
19. Out 11 19.47 C. E. Outlier (Date red d by registrar) Registr	23. STUNATORE M. D. or other

MARGIN RESERVED FOR BINDING

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PLAINLY, WITH UNF is especially important.

# NFADING INK. Supply every item of information carefully. The correct of the physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06768 G.

# CERTIFICATE OF DEATH

			CERTIFICAT	E OF DEATH	Reg. Dist. No.		
. PLACE OF DE	ATH: more	3		2. USUAI. RESIDENCE (HOME) ( (For newhorn infants give residence of			
ity or thwn. Fort Howard (If outside city or town limits, write RURAL and give nearest town)				State Maryland County			
low long in above blace	of death?	75 Day	S	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)			
lospital, Institution, or	r street address where	death occurre	d:	Street No. 701 S. Montford	Ave.		
Vets. Adm	a. Hosp., 1	t. How	ard, Maryland	(If rural, give LOCATION)			
low long in hospital o	r institution?	5 Days		2.(a) If veteran, name war	X		
B. (a) FULL NAM	E ANDREN	T T GO	DRTWEITZ		3. (b) Social Security Number Unknown		
I, Sex	5. Color or race		ie, married, widowed, or divorced	MEDICAL C	CERTIFICATION		
Male	White	Wide	owed		19. 47., a1. 6:00 R		
th) Name of bushand	l or mile W-	idowed		21. I CERTIFY that death occurred on the date at			
				June 3,	47 to Aug. 17 19 47		
7. Birth date of			(c) If alive, give ageyears	and that I last saw h. i.m. alive onAl	19. 17. 19. 47.		
deceased (mo., day,				Immediate cause of death	OURATION		
8. AGE: Year		Days	If less than one day	Bronchogenic carcin	oma of lung 8 Mos.		
49	3	0	hrsmin.		rae, rib. pleure, plus.		
9. Birthplace Baltimore, Maryland (Town, county, and state)				xxxx liver and meninx			
		3		Due to			
11. Industry or busines							
12. Name LSS 13. Birthplace	Poland	weltz		Other conditions			
	Tohanna I	Wieniew	vski	(Include pregnancy within §			
Treat .		NAME OF STREET	I. RANd	Major findings of operations			
2 15. Birthplace	Poland				Date of op		
16 Informant	Clinical Re	ecords.	Vets Adm. Hosp.	Autopay results Substantiate	d above.		
	Fort Ho			PHYSICIAN: Please underline the cause tu	which death should be charged statistically.		
Address			8/20/119	22. VIOLENCE: If death was due to external c	auses, fill in the following:		
17. Buria.	n, or removat. Which	Date the	reof (month) (day) (year)	Accident, sulcide, or homicide	Dale of		
(Buriai, cremation	Baltir	more Na	tional Cemetery	Where did injury occur?(City or town	(County) (State)		
	Roltin	mara A	loru and				
Location	Hora	1 31	Blight	Injured at home farm, industry, public place (			
10 Sunaval disaste	ward Bligh	t Funer	ral Home	Means of Injury	Injured af work?		
Address	4914 Bel	air Rd	., Balto., Md.	23 SIGNATURE Robert M	Cullison		
19. 8 - 2	egistrar)	2	a Wednish	R. M. CULLISO	N, M.D. CLIM.D. or other D. MD. Date signed 8-18-47		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1,010,

# CERTIFICATE OF DEATH

Reg. Dist. No...

•	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give seldence of mother)
County Baltingues	State Mary Land County
City or town Hands (1f outside city or town limits, write RURAL and give nearest town)	11.01 . 11.0
How long in above place of death?	(if outside city of town limits, write RURAL end give nearest town)
Hospital, lostitution, or street address where death occurred:	Street No. 60 6 S. 46 th Street
New long to boostic or institution?	(12 rural, give LOCATION)  2.(a) It veteran, name war.
How long in hospital or institution?  3. (a) FULL NAME	
25 04	3. (b) Social Security Number
4. Sex   5. Color or race   5. (a) Single, married, widowed, or divorced	217-09-8288
	MEDICAL CERTIFICATION 345
M W married	20. DATE OF DEATH Orig 7 19.4.7. 11.
8.(6) Name of husband or wife Long S July glish	21. I CERTIFY that death occurred on the date above stated; that I eltended deceased from
S.(c) It alive, give age	
1. Birth date of deceased (mo., day, yr.) may 18 1920	and that I last saw halive 00
8. AGE: Years   Mooths   Days   It less than one day	Immediate cause of death DURATION OURATION
27hrsmin.	2. Willal Verline 30 m.
8. Birthplace Baltinacel	DOTA
(Town, county, and state)	
10. Usual occupation Machania	Oue to
11. Industry or business of len L. Martin	
12. Name alehbander Bryglih  13. Birthplace Polond	Other cooditions
	(Include pregnancy within amontha of death)
14. Maiden name Rosalia Galassely  15. Birthplace Poland	Major findings of operations Mthbul. Operation.
\$ 15. Birthplace Poland	Smithwick Date of og And My 47.
16. Informant M. M. Jans . Tryglald	Autopsy results
Address 60 b 46 th syneet	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17. Burial Bale thereof (mouth) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following:
11. I Park Co	Accident, suicide, or homicide
Cemetery or crematory Hary Kostury	Where did injury occur? (Oity or town) (County) (State)
Location Bellignaire Causly	tnjured at home, tarm, industry, public place (where?)
18. Funeral director John Ja - Welley	Means of Injury Injured at work?
Address 401 S. Chester street	23. SIGNATURE MIS DO DOWN MA
19	Nym. Mid. Zamin - Beth Day other
(Date rec d by registrar) Registrar	Address Date signed State Stat

important.

PLEASE WRITE PLAINLY,

1. PLACE OF DEATH

How long in above place of death?......

How long in hospital or institution? 3. (a) FULL NAME

Hospitat, institution, or street address where death occu

5. Color or race

County.

4. Sex

7. Birth date of deceased (mo., day, yr.) Years

8. AGE:

9. Birthplace.

10. Usuat occupation. 11. Industry or business

13. Birthplace

15. Birthplace

(Date rec'd by registrar)

16. latermant Address

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICAT

Widowed

If less than one day

Registrar

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of mo	DECEASED:
A4 -1	Balto
City or town Overl-	rite RURAL and give nearest town)
Sireet No. 9 E E M	tre
2.(a) Il veteran, name war	
rahan	3. (b) Social Security Number
MEDICAL CER	RTIFICATION
20. DATE OF DEATH 5 Augus	19 4/at /2:10PM
21. I CERTIFY that death occurred on the date above	stated; that I attended deceased from
	7, 10 5 August 19 4/
and that I last saw her alive on Ac	egust 19 77
Immediate cause of death	, DURATION
Coronary occlused	mmediats
· · · · · · · · · · · · · · · · · · ·	
Due to Coronary Dele	rosis 2 years or
Due to Hypertensine /4	east 2 years or
Other conditions Diaphraquiak	Herma
(Include pregnancy within 3 mor	nths of death)
Major findings of operations. Novel	***************************************
10.7.0	Date of op
Autopsy results	a death should be charged statistically.
22. VIOLENCE: If death was due to external causes	s, fill in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
injured at home, farm, industry, public place (where	AV A P AVA
Means of Injury	injured at work?
22 CICHATHUR COUNTY	W. Constant
2000 n. Charl	Date signed 5 Acce 1947

# 2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No	39
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Mary land County Baltin	ore tom
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME  George Henry Harris  4. Sex   5. Tolor or race   6. (a) Single, married, wildowed, or divorced	3, (b) Social Security	Number
Male Colored Married	MEDICAL CERTIFICATION  20. Date of Death	1:30 PN
8.(b) Name of husband or wife) Elizabeth Ashby Harris  6.(c) It alive, give age 72 years  7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I affended dece 5 Quy U.S. 19. 4.7., to Quy and that I last saw h. 1.12-2. alive on	145 1 19 47
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day Months Box H B Months May	Immediate cause of death  Congestive Heart Failure	
9. Birthplace Monk to 17 Baltimore, Md.  (Town, county, and state)	Due to Arterio sclerosis	Un Known
1D. Usual occupation	Due to	
12. Name George Henry Harris  13. Birthplace Baltimore Co. Md.	Other conditions Uremia	HITK MOOL
14. Maiden name Eliza Cromwell 15. Birthplace Baltimore Co. Md.	(Include pregnancy within 3 months of death)  Major findings of operations.	
	Date of op.	
18. Informant James A. Harris Address Monkton, Md.	Antopsy results	statistically.
Burial, cremation, or removal, Which?)  Date thereof. Aug. 18 #7  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:     Accident, suicide, or homicide	
Cemetery or crematory  Location MONKTON, Md-	Where did injury occur?	(State)
18. Funeral director. Howard S. Mankline	Means of injury Injured at work?	
Address White Hall, Md.	or CLOUNTING haltw T. Kees in	:D.
19. 8 / 19 19.47 Onna Price Registrar	23. STURATURE	or other 15 Aug. 194

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PETASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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P	Reg.	Diat.	No	1	

/-			CERTIFICA	IE OF DEATH		
1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For provious infants give residence of mother)		
City or town   Fort Howard   (If outside city or town limits, write RURAL and give nearest town)				77 7 4		
How long in above place of	death? 2 Da	ays		(If outside city or town limits, write RURAL and give near	rest town)	
Hospital, Institution, or str	Hoen R	death occurred	rd, Maryland	Street No. 509 Charing Cross Road (If rural, give LOCATION)		
V.E.U.S. a. ALCIII.a	HUMBINA 2 D	naiiwiic	de had gen all the teach at a destricted the second	2.(a) It veteran, name war		
3. (a) FULL NAME	Stitution 2awacc		***************************************	3. (b) Social Security	Nomban	
3. (a) POLL NAME	WILLI	AM T. H	ELD	3. (b) Social Security I	( ball bet	
4. Sex 5	. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	white	N	larried	20. DATE OF DEATH. August 11, 19.47	19:45 A	
11111	,					
				August 9 17 . August		
7. Birth date of		6.(4	) It alive, give age38ye	ars and that I last saw h im alive on August 11.		
deceased (mo., day, yr.)				Immediate cause of death	DURATION	
8. AGE: Years	Months	Days	If less than one day	TUBERCULOSIS, PULLONARY, BILATERAL	4 mos.	
39	10	20	hrsn	in.	••••••	
9. Birthplace Balt	imore, M	d.		Due to	***************************************	
	Snecial.	Calesma	en e			
			(##)	Due to	***************************************	
11. Industry or business	m u.l.					
			***************************************			
13. Birthplace Ms				(Include pregnancy within 3 months of death)		
14. Malden name	adie Tra	vers		Major findings of operations.		
14. Malden name	aryland			Date of op.		
16. Interment Clin	ical Reco	rds, V	ets. Adm. Hosp.	Autopsy resolts		
Address Fort	Howard,	Maryla	and	PHYSICIAN: Ptease underline the cause to which death should be charged	statistically.	
17. Burial (Burial, cremation, or removal, Which?)  Date thereot. 8/ 14/47 (month) (day) (year)				22. VIOLENCE: It death was due to external causes, till in the tollowing:		
Cemetery or crematory Woodlawn Cemetery					(State)	
Location Baltimore, Md.				Injured at home, tarm, Industry, public place (where?)	******	
18. Funeral director. John O. Mitchell & Sons.				Means of Injury Injured at work?		
Address 1900 Eutaw Place, Balto, Md.				Robert M. alleria		
				23. SIGNATURE CULLIFORT, M.D. M.D.	or other	
19. 8/12/47 19. A.W. Hedrich (Dufe rec'd byfregistrar)  Registrar						

PLEASE WRITE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

486

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
Josetto J. Hillsinger	3. (b) Sacial Security Number
4. Sex  5. Color or race  6. (a) Single, married, widowed, or divarged  Willowerd	MEDICAL CERTIFICATION  20. DATE OF DEATH OLIGINATO 17 1947 21 99-10
6,(b) Name of husband or wife Levnard a. Hillsinger  6.(c) It alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of deceased (mo., day, yr.) Aug 28-1878  8. AGE: Years Months Days If less than one day hrs. min.	Immediate cause of death August and August a
9. Birthplace Clicott Cety Howard Co. Ind	Due to. Con of reference 1-7:
10. Usual occupation	Oue to
12. Name Many Henry Jenniels.	Other conditions
14. Maiden name. Cathering Ruhn  15. Birthplace Mary and	(Include pregnancy within 8 months of death)  Major findings of operations
\$ 15. Birthplace Mary such	
Address No Valle ave Chlowsville	Actorary resolts
17. Burial Date thereof 8-20-47 (Burial, cremation, or remoyal, Which?)) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
(Burial, cremation, or remoyal, Which?)  Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Howard County	Injured at home, farm, industry, public place (where?)
19. Funeral director AC Hegintellion	Means of Injury Injured at work?
Address Ellicott City	23. SIGNATURE Wilmes K. Gallages With
19. (Date rec'd by registrar)  19. 47. Fee T. Registrar	Address Cotonsvills - 28, 200 Date signed 5-18-4

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH LYNF. is especially important.

PEEASE WRITE

MARGIN RESERVED FOR BINDING



COPY SENT TO LOCAL REGISTRAR No. DATE 8/2/47

# MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

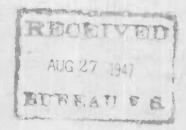
2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH: Baltimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Owings Mills	State Maryland County		
(If outside elty or town limits, write RURAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give nearest tow		
How long in above place of death?			
Hospital, Institution, or street address where death occurred: Owings Mills	street No. 330 St. Paul St.		
	(If rural, give LOCATION)  2.(a) If veteran, name war		
How long In hospital or institution?			
3. (a) FULL NAME	3. (b) Social Security Number		
Albert Walter Hoffman	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W D	2D. DATE OF DEATH August 24 19 47 at 1	A	
Tow ! P Issue	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6,(6) Name of husband or wife Don * E know	8-24-147	19	
T. Birth date of Appeal 3 C 3 O 7 h	and that I last saw h im alive on not seen alive	.19	
deceased (mo., day, yr.) April 16 1874		URATION	
8. AGE: Years Months Days It less than one day	Coronary Occlusion 10	mins	
73 4 8hrsmin.			
Claveland Ohio	Bua ta		
9. Birthplace	DUE 10		
10. Usual occupation. Retired Clerk	Pue to.		
tt. Industry or business	uue 10		
	Dither conditions		
12. Name Mayer Hoffman  13. Birthplace Ohio			
	(Include pregnancy within 3 months of death)		
14. Maiden name Unknown	Major fiediugs of operations		
15. Birthplace	NONE Date of op.		
t6 Informant Mrs Virginia Hardgrove	Autopsy results		
Address 330 StPaul St Balto Md	PHYS1CIAN: Please underline the cause to which death should be charged statistical	lly.	
D 4-3	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Burial Date thereof. Aug. 26 1947 (month) (day) (year)	Accident, suicide, or homicide,		
Cemetery or crematory Reisterstown Meth Cem.	Where did injury occur?	)	
Location Reisterstown Md	Injured at home, farm, Industry, public place (where?)		
	Means of Injury Injured at work?		
tB. Funeral director. Wm Berryman & Sons			
Address Reisterstown Md	23. SIGNATURE Dr. D. D. Caples med. E.	yam,	
10 Aug-25- 10 47 Mary B. Fline			
19. Registrar	Address Reisterstown, Md. Date signed 8-2	0-147	



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

### CERTIFICATE OF DEATH

Pist No. 39

	10g: Diet (10: minima)
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dacker of	(For newborn infants give residence of mother)
(If outside city of pown lights write RURAL and give nesrest town)	State County County
7,1/1)	Cily or lown (12 flutside city or togen limits, white Hill A) and give nearest town)
How long in above place of death?	X V. ON MORE ISON .
	Afrurai, give LOCATION)
How long in hospital or institution?	2.(a) li veteran, name war
3. (a) FULL NAME	
RALE RAME	3.(b) Social Security Number
Dasil process	170 miles 12/4-01-8 x 60
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M married	20, DATE OF DEATH. Cuy, 19 19 47, 21 4A- M
anses (400 Blanks)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(b) Name of husband or wife	19 44, to any 19 18 47
5. (c) It alive, give age years	and that I last saw h / Malive on Aug J. T. 18 V. 2
deceased (mo., day, yr.) Teb (190)	Immediais cause of death DURATION
8. AGE: Years Months Days It less than one day	Carviary Thrumbonis
46 6 18nrsmin.	
Moon blow Ballata no.	Due ia.
9. Birthplace (Town, county, and atate)	Due 10
10. Usual occupation Dark Ol	
11. Industry or business	Due to
	Bither conditions are a Labrallation
12. Name Thorson C. Holiges  13. Birthplace Moul tox, Ma.	Julie Congiliona
	(Include pregnancy within 3 months of death)
14. Maiden name Chrie Blocore 15. Birthplac and Drue Druede Co. 2nd.	Major findings of operations
\$ 15. Birthplace Consolir Cons	Date of op.
18. Informant Mrs BasilB. Holices	Autopsy results
me I to one	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
Address Merely good 1000.	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17	Accident, suicide, or homicide
I Tild Necol	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location 12 Total College	injured at home, tarm, industry, public place (where?)
18. Funeral director of SAOTI Drooms	Means of injury Injured at work?
Mark 10mm	0,2
Address Startes, 1000	23. SIGNATURE M. D. exether
19 8/20 1947 anna Price	Acility 1. 1 8/101
(Date ree'd by registrar) Registrar	Address Date signed 1/9/4

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

correct age

VS A15 PLEASE W

WRITE



Reg. Diat. No .... 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) mondson ave (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION

22. VIOLENCE: If death was due to external causes, fill in the following:

(County)

Injured at work?

(Date red d by registrar)

A15 SA

9. Birthplace ....

10. Usual occupation.

12. Name ..

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15. Birthplace

Address

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Cemetery or crematory.

(Date rec'd by registrar)

Burial

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11. Industry or business

correct	Evidence city of in which per pho	ee for the a f death and th death occ one conversa	dditon institu urred a tion wi	MARYLAND STATE DE
information carefully. The cor of death clearly and legibly.	1. PLACE OF County City or 10wn How long in above Hospital, instituti	Catons vi  (If outside city or town place of death? on, or street address wher Opitz, H  ital or institution?	limita, write k	URAL and give nesrest town)
info	4. Sex	5. Color or race		e, married, widowed, or divorced
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FOR BINDING  If every item of write the causes		June		t Hopkins  c) If all ve, give ageyears
ED Foundation in the second in	8. AGE:	Years Months	Days	It less than one day
H DE	82	2	9	hrs. min

Maryland

Watchman

Samuel Hopkins

Maryland :

Gustavus H. Hopkins

Loudon Park

2841 Harlem Ave.

Maryland

(Town, county, and state)

Mary E. Hancock

Retired

Date thereof Aug. 13, 1947

Md

EPARTMENT OF HEALTH s St., Baltimore 8300 E OF DEATH Reg. Diat. No.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

Md.	Balt County	imore
Cato	nsville	
	or town limits, write RURAL ar	nd give nearest town)
	arlem Ave.	
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	1 2 (b) Social	Security Number
	3. (0) Secial	Security Number
MEI	DICAL CERTIFICATI	ION
20. DATE OF DEATH Augus	st 11,	1947 at 3 A.
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July 1	1947 10 a	ug 11 1947
and that I last saw h	on green co	1947
Immediate cames of death	. ()	DURATION
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Due to	,	************************
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the	e Stous	eleat 352
23. SIGNATURE		M. D. or other
Address	sace or	to cloned 8-13-

AUG 22 1947
BUREAU C B

COPY SENT TO THE REGISTRAR NO. DATE 6/7/47

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



E OF DEATH	Rog. Diat. No	•••••
2. USUAL RESIDENCE (HOMI	E) OF DECEASED:	
	ace of mother	. 0
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	, givs LOCATION)	
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ele	3. (b) Social Securit	ty Number
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and that I last name	leigust f 12	19.4
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(Include pregnancy with	hin 8 months of death)	]
Major findings of operations		***************************************
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M. D.

**CERTIFICAT** 1. PLACE OF TSATH: (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.....2.5 Hospital, Institution, or streef address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 4. Sea 5. Color or race 6.(b) Name of husband or wife. 7. Birth dafe of deceased (mo., day, yr.) 8. AGE: Years If less than one day 50 .....hrs. 8. Birtholace. (Town, county, and state) 10. Usual occupation 11. Industry or business 13. Birthplace 14. Malden na 15. Birthplace Address (month) (day) (year) (Burial, cremation, or removal, Which?) 23. SIGNATURE (Date rec'd by registrar) Registrar Address.

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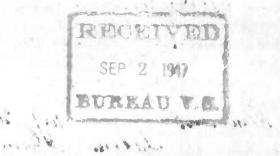
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PLEASE,

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2411 N. Cha	rles St., Baltimore /70 C
CERTIFICA	TE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
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Ity or lown	State State
ow long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
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low long In hospital or Institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME The Alace	The akes 3. (b) Social Security Number
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male while Married	20. DATE OF DEATH. Clug 29 19417, 21 //
Svalune Alyanis	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(b) Name of husband or wife	(lug 29 194) 10 - 18
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 100 9 9 11914	Immediate cause of death
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11. Industry or business	
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	(Include pregnancy within 3 months of death)
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14. Maiden name Glona Vanscoy  15. 8irthplace MM	Major findings of operations.
≥ 1 15. 8irtinplace	Date of op
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3 Hinship Ad. Dr. Davis



# CERTIFICATE OF DEATH

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1. PLACE OF DEATH:  The constitution of the control		Reg. Dist. No.
Row lang in about a dealth.  Replial, Institution, or steer designs where dealth occurred:  The standard of the standard occurred:  The standard occurred on the date above spiried: that I standard on the date above spiried: tha	Ada Viana and	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn inferts give regidence of mother)
Browned in John piece of dealth.  City or town. ((Toutsby city) town limits, with RUKAL and give nearest town)  Brospital, institution or street dealth occurred:  Water Water Control of the Street Research occurred:  Water Research Research occurred:  Water Research Resear	City or lown. (If outside city or town limits, write RURAL and give nearest town)	State Mary and county Ballimore
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13. (a) FULL NAME  Sery Service Copyling in married, between or disversed  Medical Certification  Medical Certific	Hospital, institution, or street address where death occurred:	Street No. 16 Osborne Elvenue
3. (a) FULL NAME  Sex Sex Solver rose Second Security Number Solver Solv	<u></u>	21 - 0
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## Asse   S. Color or rape   B. Copting to, married, fidewed, or diverced   MEDICAL CERTIFICATION    ### Male   White   Widowed    8. (b) Name of husband or wife   Salf-left   Salf-left    ### Salf-left   Salf-left   Salf-left    8. AGE: Tears   Month   Salf-left   Salf-left    9. Birth place   Month   Salf-left    9. Birthplace   Month   Many    10. Usual occupation   Salf-left    11. Industry or business   Sammy    12. Wane   Salf-left    13. Birthplace   Sammy    14. Maiden name   Many    15. Birthplace   Sammy    16. Informant   Many    17. (Burfal, cremation, or regoral Which)    18. Informant   Many    19. Due to   Salf-left    19. To get a death    19. To get a death	Teorge Louis La	
5.(b) Name of husband or wife.  S.(c) It allow, give age.  So that I last saw h		MEDICAL CERTIFICATION
7. Birth date of deceased (mo., day, yr.) July 31, 1855.  8. AGE: Years Month Days It less than one day 76 hrs. min.  9. Birthplace Poward County Manual Days It less than one day 76 hrs. min.  10. Usual occupation. James J	male White Widowed	20. DATE OF DEATH Clerg 26 19 17 at 9 A
18. AGE: tears   Monitor   Days   It less than one day   Y 6   It less than one day   It less than one than one day   It less than one day   It less than one day   It	6.(b) Name of husband or wife. Isabelle Gager	
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9. Birthplace		
9. Birthplace Planner County, and sgire) 10. Usual occupation Planner County and sgire) 11. Industry or business Parning Die to. 11. Industry or business Parning County of business Planner County Co		the Myocar Difes 22009
10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant.  17. Mary Major findings of operations.  18. Birthplace  19. Date of op.  19. Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  17. Cemetery or crematory of company which?  18. Funeral director.  19. Funeral director.  10. Usual occupation.  Date to.  Unclude pregnancy within 8 months of death)  Major findings of operations.  Major findings of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide.  Date of op.  Accident,	The good land Marilad	and the tour
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12. Name	7	Due to
14. Maiden name  15. Birthplace  16. Informant  17. Burial  (Burial, cremation, or regoral, Which?)  Cemetery or crematory  Location  18. Funeral director  Eastern  Address 608 Frederick and. Catonsville, Md.  Address 608 Frederick and. Catonsville, Md.  21. Major findings of operations.  Major findings of operations.  Major findings of operations.  Major findings of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charsed statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?		
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16. Informant Mrs. Cora M. Murfshy Address / 6 Osborne Ove. Colonsville, Md.  17. Burish (Burial, cremation, or removal. Which?) Cemetery or crematory of crematory of country occur?  Location Mary Address 608 Frederick Ove. Calonsville, Md.  18. Funeral director Gaston Sons Address 608 Frederick Ove. Calonsville, Md.  29. VIOLENCE: If death was due to external causes, fill in the foilowing; Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?		(Include pregnancy within 8 months of death)
16. Informant Mrs. Cora M. Murfshy Address / 6 Osborne Ove. Colonsville, Md.  17. Burish (Burial, cremation, or removal. Which?) Cemetery or crematory of crematory of country occur?  Location Mary Address 608 Frederick Ove. Calonsville, Md.  18. Funeral director Gaston Sons Address 608 Frederick Ove. Calonsville, Md.  29. VIOLENCE: If death was due to external causes, fill in the foilowing; Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?	15 Richniago — In ana Assada	Major findings of operations.
Address 6 Osborne (Oc. Catonsville, Md.  17. Burish (month) (day) (yest)  Cemetery or crematory Durana (o., Maryand Injured at home, farm, Industry, public place (where?)  18. Funeral director Gaston (oc. Catonsville, Md.  Address 608 Frederick (oc. Catonsville, Md.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide.  Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?	3/1 / 1 / 2 2 2 2 2 2 2 2 2 1 1 1 1 1 1 1	
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Cemetery or crematory of country occur? (City or town)  Location Funeral director Easton Sond  Address 608 Fredericks and Catonsville, Md.  (month) (dgy) (year)  (month) (dgy) (year)  (month) (dgy) (year)  (where did injury occur? (City or town)  (City or town)  (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?	Buil 0/29/41	22. VIOLENCE: If death was due to external causes, fill in the following;
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18. Funeral director Gaston Sond  Address 608 Frederick ave. Catonsville, Md.  23. SIGHATORE Jasea In June 1	of at 3/ 10 34 / 5/	
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	19. 8 /27 19 X J. Harry Sell Cherry	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The confet age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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WRITE PLAINLY, is especially

## MARYLAND STATE DEPARTMENT OF HEALTH,

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Dist. No. 44

a constant of the sign	Reg. Dist. No.
1. PLACE OF DEATH:  County Bulthore  City or town Fort Howard  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 201 days  Hospital, institution, or street address where death occurred:  Vet's Adm. Hosp. Fort Howard, Md.  How long in hospital or institution? 201 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  StateMarylandCounty  City or townBeltiGovern limits, write RURAL and give nearest town)  Street No
3. (a) FULL NAME  JAMES E. IMHOFF	3. (b) Social Security Number/ 2/3-03-4306
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced  Male White Single	MEDICAL CERTIFICATION  P 2D. DATE OF DEATH. August 31 19.47 21 7:50 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 11 19 47 to August 31 19 47 and that I last saw h im alive on August 31 18 47 Immediate cause of death Tuberculosis DURATION pulmonary, chronic, Far advanced 8 months plus
9. Birthplace Oella, Maryland (Town, county, and state)  1D. Usual occupation Unemployed	Due to
11. Industry or business  12. Name William Imhoff  13. Birthplace Unknown  14. Malden name Susanna Hudson  15. Birthplace Virginia	Other conditions Laryngitis, tuberculous 6 months  (Include pregnancy within 3 months of death)  Major findings of aperations.  Date of op.
16. Informant Clinical Records, Vets Adm. Hosp.  Address Fort Howard, Md.  17. Durial (Burfal, cremation, or removal, White)  Cemetery or cramptory Cliffa (month) (day) (year)  Location Cliffa Catternoote Complete Compl	Autupsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, tarm, industry, public place (where?)  Injured at work?  23. SIGNATURE  ROBERT A. CULLISON, M.D. Clin.  M. D. or other  V.A.H. FORT HOLARD, MD. Date signed 9/1/4.7.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Baltinian - Carney	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown Harbard Roll Mark Johns Roll (frontside city or town limits, write RURAL and give nearest town)	State MC County
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. Harford hat Harth of Jongue Ros
How long in hospital or institution?	(If rurel, give LOCATION)  2.(a)   I veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Amy D. Jenkins	
4. Sex 5. Color or pice 6.(a) Shele, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White manied	20. DATE DE DEATH. Qu 4 26 19 47 21 9 00
alst mayer L. Jenkins	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife Magazina for the form of	6/24/46 19 10 aug , 26 19 4
7. Birth date of	and that I last saw h. Za. alive on Carg . 26, 1947
8 A.C.F. Years   Months   Days   It less than one day	Immediate cause of death
6. AUL.	
64 /3  hrs.	Metarlate Carcina 3M
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10. Usual occupation January	ca of well of 15 M
	Due to.
11. Industry or business	
12. Name Janes  13. Birthplace	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name June Danes  15. Birthplace England	Major findings ol operations
E 15. Birthplace England	Date of op
16. Informant alphonous L. Jenkins	Autopsy results
Address Harford Rd & Joppa Rd. Clarner.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buil Date thereof 8/29/4	22. VIOLENCE: It death was due to externat causes, fill in the tollowing;
(Burial, cremation, or removal, Which?)  Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Jarkwood Cemetery	Where did injury occur?(City or town) (County) (State)
Location Daylor ave	Injured at home, farm, Industry, public place (where?)
18 Europal director Soward M. Blight In.	Means of Injury tnjured at work?
1009 Thenhad Boal	41
Address 00 1 1 Junjong 0 one.	23. SIGNATURE Hardle a. grott
19. Cheg 27 19 47. U. C. Nedrich	and the Later State
(Date rec'd by registrar) Registrar	trar    Address. O Date signed C

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly RGIN RESERVED FOR BINDING

PLAINLY, WITH UNF is especially important.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Dist. No. 33

How long in above Hospital, Instituti	Cltim Glyn (If nutsi e place of d lon, or stre	lore Idon ide eity er tewn li	nits, write F YFS leath occurred	•••••••••••••••••••••••••••••••••••••••	Strest No	County Balto .  On limits, write RURAL and give nearest town)  al, give LOCATION)
3. (a) FULL	NAME	Ed	lward	Johnson		3. (b) Social Security Number None
4. Ses Male		Color or race		e, married, widowed, or divorced	11	L CERTIFICATION  4 9 4 5 4 19 4 7 11 4:39
7. Birth date of	••••••	***************************************		nnson c) If allve, givo agsyears	21. I CERTIFY that death occurred on the candidate it is a saw h.l. 222slive on g. 4	date above stated: that I attended deceased from  19
	Years 66 Carr	Months 9 Coll Co.	county, and	if less than one dayhrsmin.	Immediate cause of death. A death of the form of the f	as tasis to
13. Birthplace 14. Maiden 15. Birthplace 16. Informant	Barr ce M name F ce Edwa	ld. Rachael Carroll	Will Co.	iams Jr.	Aatopsy results	
Cemetery or co	al nation, or rematory Bal	removal. Which?) St.Lul	Pate there ces	(month) (day) (year)	1	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

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# CERTIFICATE OF DEATH

66786 Reg. Dist. No. 32

5					
1. PLACE OF DE	Dolling			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:
I-th177- D.O. (Pared)				Marveland	Reltimore
City or town (If outside city or town limits, write RURAL and give nearest town)				91816	oly (Rural)
How long in above plac	e of death?		year	City or town Lutherville F	
	r street address where		d: nspring Avenue	Street No. Broadway Road an	
					LOCATION) None
			······································	2.(a) If veteran, name war	MOIIO
3. (a) FULL NAM	IE .				3. (b) Social Security Number
			MAN JONES		None
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Male	White	Wi	idower	20. DATE OF DEATH August 6, 19	047 19 15:45 A
usoum tett	or wife Myra	Belle	Jones	21. I CERTIFY that death occurred on the date ab	
			1/1/1//	For sewery years 10	
7. Birth date of			(c) if alive, give age		chusx 4 1947
deceased (mo., day.	y1.7	31, 1		Immediate cause of death	
8. AGE: Year		Days	If less than one day	Carlinoma ?	bourles 2 years
80	4	6	hrs min.	Olympia Sol	e con the transfer of the tran
	(Town,	more (	Co., Meryland	Due to the time of time of time of the time of	
1D. Usual occupation.	Retired			Due to.	
11. Industry or busines				0 , •	7
12. NameH	arvey Jones	3	, Md.	Other conditions	ly 4
13. Birthplace	Beltimon	re Co.	, Md.	Ceneral colh	thria
14. Maiden name	Rachel .	Jones		(Include pregnancy within 8	months of death)
T4. marden name	Baltimo	ce Co	Md	Major findings of operations	
					Date of op
16. Informant W1	lliam H. Jo	nes		Autopsy results	
Address Lu	therville 1	P.O., 1	Maryland	PHYStCIAN: Please underline the cause to w	
17 Bur	ial	Nate ther	August 8,1947	22. VIOLENCE: If death was due to external cau	
	ial n, or removal, Which?)		(month) (dsy) (year)	Accident, suicide, or homicide,	
			odist Cemetery	Where did injury occur?(City or town)	(County) (State)
Location Fal	la Roza, Ja	therv:	ille (Balto.Co., Md		here?)
18. Funeral director	Johns 1/2	urn	2 Louis	Mesns of Injury	Injured at work?
/	Towson	Mo	land	667	1 7
Address	TOWSON	Mary.	C 50 % . 1 1	23. SIGNATURE (C) Re IUE	halp wer
19 8 - 08	19.4-	2	266 Mehols	D. L 00.	8- had M. D. or other
(Date rec'd by re	egistrar)		Begistrar	Address Reserve	8- md Date signed 8-8-4



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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

St., Baltimore

# OF DEATH

G	6	7	8	7	p	

Reg. Diat. No.

	3. (b) Social Security Number
MEDICAL	CERTIFICATION
O. DATE OF DEATH August 26,	19.47 , at 11:5
1. I CERTIFY that death occurred on the date August 29,	above slated; that I attended deceased from 19.46
mmediate asses of death	DURATI
Pulmonary Hemorrhage	, due to 1 Yr.
	is, chr. act. plus.
far advanced	•
ue 10	
	3 37-
ther conditions Diabetes mel	
(Include pregnancy within	3 months of death)
Tajor findings of aperatinas	
***************************************	Date of op
Autapsy results	which death should be charged statistically.
2. VIOLENCE: If death was due to external	
coldent, suicide, or homicide	
Thera did injury occur?(City or tow	
njured at home, farm, industry, public place	
Means of Injury	Injured at work?

WITH UNFADING INK. Supply every item of information carefully. I important. Physicians: please write the causes of death clearly and leg especially PLAINLY, is especially WRITE PLEASE

content age

					E OF DEATH Reg. Di
City or town	imore ort Howard utside city or town lim ol death? 362 I street address where de	ats, write Ricays  ath occurred:	ard. Maryland	9	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)  State
3. (a) FULL NAME		RY JONE			3. (b) Socia
4. Sex Male	5. Color or race Colored		. married, widowed, or divorced arried		MEDICAL CERTIFICAT
	7.) 3-23-3   Months	6.(c	) If alive, give age45y  If less than one day  hrs.	years	21. I CERTIFY that death occurred on the date above stated; that I a August 29, 19.46 to August 2 and that I last saw I.M. alive on August 2 Immediate sause of death. Pulmonary Hemorrhage, due to
9. Birthplace Thu	mberland C	ty, V	9.a. tate)	-	Pulmonary tuberculosis, chr.
13. Birthplace V	ison Jones irginia		· ·		Other conditions Diabetes mellitus  (Include pregnancy within 8 months of death)  Major findings of aperatinas.  Date
16. Informant Cli	nical Record		ets. Adm. Hosp.	1	Antapsy results
Cemetery or cremato  Location	Geo. H. H	ore Na ore, Mo	4 * 4 4 4 4 4 4 9 9 9 9 9 9 9 9 9 9 9 9	Y	22. VIOLENCE: If death was due to external causes, fill in the foll Accident, suicide, or homicide
	30 19 47	^	whedrich Regist	trar	23. SIGNATURE Robert M. CULLISON, M.B. C. Address. A.H. FORT HOVALD, M.D.

8

8/30/xy

### CERTIFICATE OF DEATH

2411 N. Cha	arles St., Baltimore 46 &
CERTIFICA	ATE OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH:  County	state Maryland County Baltimore Perry Hall
ELIZABETH K. KAHL	
fomale white married, widowed, or divorced married	MEDICAL CERTIFICATION  20. DATE DF DEATH. AUGUST 31st 19 47 at 1:35
6.(b) Name of husband or wife Joseph V. Kahl  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days it less than one day  67 - 1 hrs. m  9. Birthpface Balt Imore County, Md.	ars and that I last saw h. 9 alive on any 19 Y 7.  Immediate chase of death.  Due to Clarace Legisland 2 19 Y 7.  Due to Clarace Legisland 2 19 Y 7.
10. Usual occupation housewife  11. Industry or business    12. Name Peter Cook   P	Due to My o Condutes YUKS.
13. Birthplace Germany  14. Maiden name Theresa Butt  15. Birthplace Germany	(Include pregnancy within 3 months of death)  Major findings of operations
Mr. Joseph V. Kahl  Address Belair Rd., Fullerton	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
17. burial Date thereof 9/3/47  (Burial, cremation, or removal. Which?) (month) (day) (year)  Cemetery or crematory St. Joseph  Fullerton, Md.  18. Funeral director Lassahn Funual Hone.	Accident, suicide, or homicide
Address 7401 Belair Rd.  19. 9/2/y) 19 W Hammy Registra	23. SIGNATURE W. chr. Andrew M. D. or other  Address SYOY Bold Dale signed 9 "Y-+1".

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(Date ree'd by registra

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2411 N. Charles St., Baltimore

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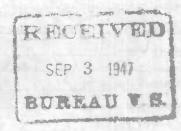
## CERTIFICATE OF DEATH

		11021 21111 111111111111111111111111111
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn legants give residence of n	
Ceunty (Land	State Maryland Coun	(Halling)
(If outside city or town limits write RURAL and give nearest town)	City or town Ellscott	eter
Hew leng in above place of death? TH 1918.	(If outside sity of town limits,	write RURAL and give nearest town)
Hospital, Institution, or street address where doath occurred:	Street No. MestChester (If rural, give I	Went
Hew long in hospital er institution?	2.(a) If vetoran, name war	
3. (a) FULL NAME	. /	3. (b) Social Security Number
Wellie W. EAVANA	ugH.	none
4. Sox 5. Color or race 6.(a) Single, married, widowed, or diverced	MEDICAL CE	RTIFICATION
Gemale White Single	20. DATE OF DEATH 30 Aug	rust 1947 at 3 P
8.(b) Name of husband or wife	21. I CERTIFY that death eccurred en the date above	o stated; that fattendod deceased trom
0 to Mallus alus acc		7, 10 30 august 19 4
7. Birth date of	and that flast saw h	acquest 18.4
deceased (me., day, yr.)   8. AGE: Yoars Months   Days   If less than ene day	Immediate cause uf death	DURATION
74. 2. 0hrsmin.	Mremia	
col. HOt. B. H. O. W. I.		
9. Birthplace (Toyla, county, and stays)	Due te.	
10. Usual eccupation Housework	March March	ander or clusies
1t, Industry or business	Duo to.	
	Dthor conditions	
12. Name Denges Karanaugh.		
	(Include pregnancy within 3 m	onths of denth)
14. Maldon name Elligabeth Martin  15. Birthplace County Mayo, Ireland	Major findings of uperations	
		Date of op.
18. Interment Mus. Sylliafy Hann	Autopsy results	
Address Ellicott lity, Maryland.	PHYSICIAN: Please underline the cause in whi	
17 Burial & Date thereof 9/2/47.	22. VIOLENCE: It death was due to external caus	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicido, or homicide	
Cemetery er crematory fut aspearal amplify	Where did lajury eccur?(City or town)	(County) (State)
Location Ballymore Maryland.	Injured at heme, tarm, Industry, public place (who	ero?)
18. Funeral director Easton, Sont	Moans of Injury	Injured at work?
Ell. A Dit Jelan !	Mill 7	my - 20
Address Ellicov aly manylange	23. SIGNATURE	Jassaway M.D.
19. // toutle fluor	Albert lit	M. D. or other  M. D. or other  Jack signed 30 day 4 7
(Date rec'd by registrar) Registrar	Addross	Date signed.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. HMARGIN RESERVED FOR BINDING

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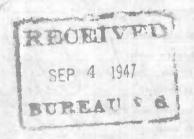


TENERAL TRANSPORTER

### CEPTIFICATE OF DEATH

CERTIFICA	IE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How tong in above place of death?  Hospitat, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME.  Sex J. Color or race (6.(a) Single, married with wed, or divorced  The Color of the Color	Mongaset M/ Selleher 3. (b) Social Security Number  MEDICAL CERTIFICATION  10 10 10 10 10 10 10 10 10 10 10 10 10 1
6.(b) Name of husband or wife	2D. DATE OF DEATH
9. Birthplace	Due to. Miliary Tu bereulosis 919on?
12. Name   Pellekel   12. Name   Pellekel   13. Birthplace   Perma   14. Maiden name   Maggas of   Poges   15. Birthplace   Perma   15. Birthplace	Dither conditions
Address School Date thereof Conth) (day) (year)	Antopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
19. 8/30 19 + Welwer & Euser Registrar Registrar	Address 30 70 Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. AMARGIN RESERVED FOR BINDING



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

4	CLICITICAT	E OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH:  County	Street No. 19 19 VIRGA (If rural, give I	DECEASED:  pother)  ty Whilm GTON  TO WAY.  write RURAL and give nearest town)  A A BE  OCCATION)
	3. (a) FULL NAME	2.(a) If veteran, name war	3. (b) Social Security Number
	4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	1	RTIFICATION 27 1847 at 3:36 pm
	6.(b) Name of husband or wife	21. J CERTIFY that death occurred on the date abov	e stated; that seltended deceased from
	8. AGE: Years Months Days If less than one day  1. Days If less th	Immediate cause of death  CRREARAN  Due to ARTERIOSE  NY PERTEN	leRosis ?
	10. Usual occupation Day Let Renamination of the Renamination of t	Other conditions.	
	14. Malden name La N. e. Likink  15. Birthplace Da cou la N	(Include pregnancy within 3 m	Date of op.
	Address Fin ky faw of many and and 17. BURIDE (Burial, cremation, or removal, Which?)  Date thereof A G. 30 1947.  (Burial, cremation, or removal, Which?)	PHYSICIAN: Please underline the canse to whi  22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	ch death should he charged statistically.  es, fill in the following;  Date of
	Cometery or crematory LOSE HICC CEMETERY	Where did injury occur?(City or town) Injured et home, farm, industry, public place (whe	
	18. Funerat director FRED W. KRAISS Address HAGER STOWN, IMD.	Meens of Injury	Lamson I re
	19. 22 June 19 47 Hemselllenue med Registrar	Address 3 3 25 Frederical	M. D. or other 22 (29) Date signed \$ /27/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correction is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

er. Dist. No. 38

·					Neg. Dist. 110.
How long in above place of Hospital, Institution, or st	Baltim To: tside city or town ii f death? 10 ye treet address where Burke A	WSON mits, write i  ETS death occurre  Venue	RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Maryland Country of the country of	Baltimore VSON , write RURAL and give nearest town) 1106 LOCATION) None
3. (a) FULL NAME	חסיםס	שו בידוו	K KIEL		3. (b) Social Security Number
4. Sex	5. Color or race		e, married, widowed, or divorced	1	
Female	White	o.(o)omg.	Married	MEDICAL CE 20. DATE DF DEATH. August 4,	ERTIFICATION 147 at 6:00 F
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years	77 7	4 - 3	c) If alive, give ageyear  18 74	and that I last saw h. C	Yery 4 18 4
73	*	?	hrs. min	celebral M	Emoulage 25 as
- 1 13. Birinpiace	Hous Liam L. F Germany Louisa S Ger	ewife At Ho	me	Due to	
16. Informant Sam			son. Maryland	Antopsy results	ich death should be charged statistically.
Address 118 Burke Ave., Towson, Maryland  Burnal, 10.7 (Burlal, cremation, or removal, Which?)  Cemetery or crematory  E. North Ave., & Rose St., Balto., Md.			eorAugust 7, 1947 (month) (day) (year) metery	22. VIOLENCE: tf death was due to external caus Accident, suicide, or homicide	Date of
Address	Towsor	n Mefy	Mand May 14	3. SIGNATURE.	Qulor M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: (For bory infants give residence of mother city or town limits, write RURAL and give nearest town (If outside city or to How long in above place of death?.. Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospitat or institution?.. 3. (a) FULL NAME 3. (b) Social Security Number 20. DATE OF DEATH ... Halam 21. I CERTIFY that death occupied on the date above stated; that I attended deceased from 7. Birth date of last saw h. and ... alive on ... deceased (mo., day, yr.) Supply lease wr If less than one day 8. AGE: d PHYSICIAN: Please underline the cause to which death should be charged statistically PLAINL 22. VIOLENCE: It death was due to external causes, fill in the toliowing: Whers did Injury occur? ...... TE (City or town) (County) Injured at home, tarm, Industry, public place (where?) ...... Injured at work? Means of Injury Date signed. (Date rec's by registrar)

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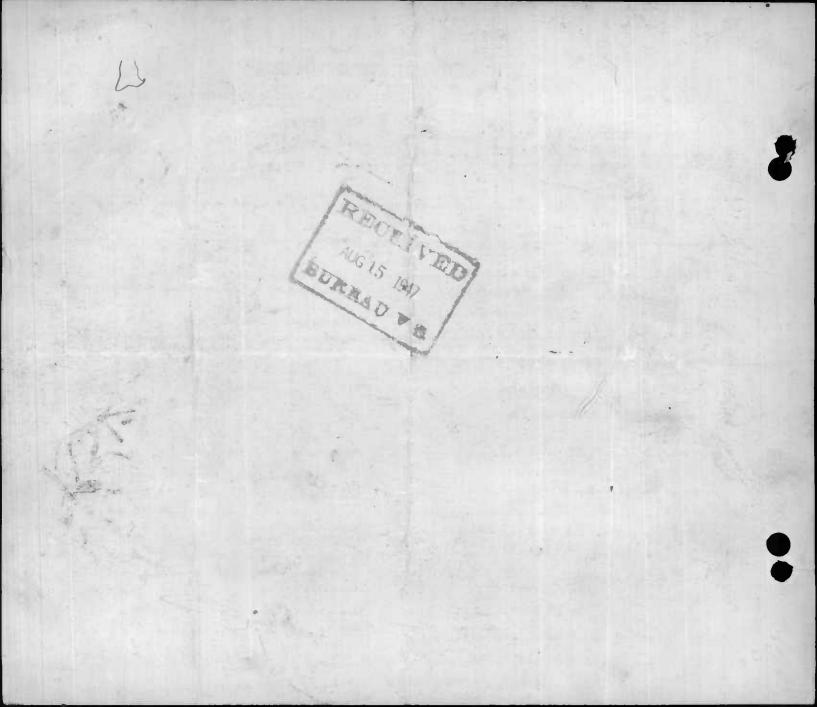
PLEASE WRITE

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH:  County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  StateMany.land		
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or streef address where death occurred:	Street No. Simms Aye. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Tehla Krasowsky	3. (b) Social Security	Number	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	-0	
female white widowed	20. DATE DF DEATH	, at 8 25 p	
6.(b) Name of husband or wife Carl Krasowsky	21. I CERTIFY that death occurred oo the date above stated; that I attended decea	ased from	
6 (c) If alive give age years	10	10	
7. Birth date of deceased (mo., day, yr.) August 28th, 1882	and that I last saw h	DUDATION	
8. AGE: Years   Months   Days   If less than one day	Immorth cause at death	2401 +	
64 11 11hrsmin.			
9. 6irthplace	Due to Hypertensen	142+	
10. Usual occupationhousewife	<b>#</b>		
	Due to		
11. Industry or business			
12. Name Kerelchuk  13. Birthplace Poland	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name anne Terelchark	Major findings of operations		
14. Malden name anna Kerilchiek  15. Birthpiace Gernica, Poland	Date of op.		
16. informant Mrs. Herbert Klein	Antoney results		
Gamma Arra Fullerton P.O.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Address SIMMS AVE, Pulled 101 101 101 101 101 101 101 101 101 10	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	love	
Parkwood (month) (day) (July)	Where did Injury occur?		
Cemetery or crematory			
Location Baltimore	Injured at home, farm, industry, public place (where?)		
18. Funeral director Lessahn Funeral Home	Means of Injury  Ufjured at work?	MIT	
Address 7401 Belair Road	23 SIGNATURE Jollingo- Kucken Mit	JUMET.	
19. (Date rec'aby registrar) 19.47 A. Cal 2244 A. Registrar	Address. Dwoon W. Date signed.	8/9/47	



AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of

Exact statement of OCCUPA-

06795 P.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF					460		
	County	Ba.	ltimore			Registration Dist. No.		
	Village or C		Stonele			No. 707 Kingston Road St., death occurred in a horpital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth?		
2			Viola Ma					
			707 King		d.	St., Ward.  If nonresident give city or town and	State	
	PERSON	AL AN	D STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
	Female		r or race hite	s. SINGLE, MAI OR DAYORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 1954. 7.	
5a.	If married, widow HUSBAND of (or) WIFE of		vin J. F	Kunkel		22. I HEREBY CERTIFY, That I attended	1 1/10	
6 1	DATE OF BIRTH (	month day	and was Ju	me 25,	1897	i last saw h ex alive on 12 august, 1947		
-	AGE Yea		Months	Days	if LESS than	to have occurred on the date stated above, at	, death is said	
	5	0	1	18	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
OCCUPATION	9. Industry or work was	vork done, a BOOKKEE business in a done, as S L, BANK, e	as SPINNER, PER, etc which IFLK MILL, etc	House-		Carcina of according Colon	Sopt 1846	
ŏ	this occup	pation (mor	nth and	11. 10tal	tlme (years) ent in this upation			
12.	BIRTHPLACE (cit (State or cour		You	rk, Pa		Other Contributory Causes of importance:		
ER	13. NAME	Mich	ael Laut	oer				
FATHER	14. BIRTHPLACE (State or	country)		28		Name of operation for the stand that Date of T What test confirmed diagnosis? Attackfund that	at 1946	
ER	15. MAIDEN NA	ME Am	anda Rir	nehart		23. if death was due to external causes (VIOLENCE) fill in also the following		
MOTHER	16. BIRTHPLACE (State or		wn)	2a.		Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?		
17.	INFORMANT M (Address) 7	r. I	rvin J. ingston	Kunkel Rd.	,	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.	
18 M	BURIAL, CREMAT T.ROSO Place YOP	Come	emoval tery	DateAug	16,1947	Manner of injury		
19.	UNDERTAKER (Address)	3207	Howa W. Nort	th Ave.	trong	24. Was disease or injury in eny way releted to occupation of deceesed?	la	
20.	FILED & T	¥,1	9 47	u.cr.	Hedrill	(Signed) lo harle X. Paris (Address) (5 7.0 1 York Pd. Bali	to 12 mg	
			If more b	lanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

## UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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PLEA

## MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DE	EPARTMENT OF HEALTH  les St., Baltimore  546
CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION  2D. DATE DF DEATH. Ques 174 1947 21 4 P
6.(b) Name of husband or wite	21. CERTIFY that death occurred on the date above stated; That I attended deceased from  (19.4) 10 Aug 17 19.4  and that I last saw here alive on Aug 17 19.4  Impediate cause of death Halmorrhage Suddless  DURATION
9. Birthplace	Due to
12. Name Charles Sermany 13. Birthplace  14. Maiden name Margaret Brown 15. Birthplace  15. Birthplace  16. Baltinion	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
16. Interment John Same Daine Millel	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
17. Butal Date thereof (month) (day) (year)  Cemetery or crematory. Ballucian	Accident, sulcide, or homicide
18. Funeral director Lellrich Fessieral Home	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
19. accq 19 47 a. W. Hedrich (Date rec by registrar)	23. SIGNATURE SO. M. Muniquelle M. D. or other  Address Sulta 6 Date signed 8-18-4

2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

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			CERTIFIC	AIE OF DEAIH Reg. Dist. No.
1. PLACE OF DEAT	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town291	l Hillore	est Ave limits, write R	e	State Md. County Balto.
Hospital, Institution, or st				Street No. 2911 Hillcrost Ave. (If rural, give LOCATION)
How long in hospital or in	nstitulion?			2.(α) If veteran, name war
3. (a) FULL NAME		- 131		3. (b) Social Security Number
			DER S. LARNED	None
	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION
М.	TAP .		Single	20. DATE OF DEATH. Aug. 17, 1947. 19
	•••••		c) If alive, give age	ears and that I get sail him an Aug 199
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death Brancho greenmania 4 day
85	9	16	hrs	nin. (selatra)
11. Industry or business    12. NameAl   13. Birthplace   B    14. Maiden name   15. Birthplace	exander i alto. Md Maria Wi Balto.	Retired S. Larne Ison	ed.	Major findings of operations.  Date of op.
Address 2	526 Wycl	iffe Rd	ed. 8/19/47 (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
	Loudon	Pk. Ce	n	Whers did injury occur?
Location Balt	o. Md.		•••••	Injured at home, farm, industry, public place (where?)
			& SONS INC.	Means of Injury  Injuryd at work?  23. SIGNATURE TO WAT TO FICLIAINS ME
19. 8/19 (Date rec'd by regi	19 4 strar)	7, a	W. Helric	Address 2515 Jules Full M. D. or other M. D. or other part Address 2515 Jules Full M. D. or other M. D. or othe

WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. In is especially important. Physicians: please write the causes of death clearly and legit

PLEASE

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legible.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

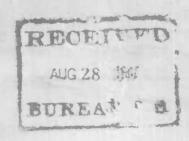
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### CERTIFICATE OF DEATH

v. Dist. No. 44 2-

CERTIFICA	ALE OF DEATH Reg. Diat. No.
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest town)	Slate Manyfound Courly Baltimore
How long In above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 3/18 Hammonds Terry Rd
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME  Charles	P. Lehrer 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Widowed	2D. DATE DF DEATH. August 21 1947 21
O+ 4 - 1/209:	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8,(b) Name of husband-or wife	October 19.46 to aug 2/ 19.4.7
7. Sirth date of	and that I last saw h. Man alive on august 121 1947
deceased (mo., day, yr.) /or. 16, 1878	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Gerebral hemorrhage 7 days
68 9 5hrs.	
8. Birtholace Bangland	Oue to Hypertension 2 years
(Town, county, and state)	
10. Usual occupation	Due 10 Nephritis 2 year
11, Industry or business	
12. Name John Zelren  13. Birthplace Pa	Other conditions analysis 1 days
	(Include pregnancy within 3 months of death)
14 Maiden name Ellen ahearn	
14. Maiden name Ellen Afracan  15. Birthplace Treland	Major findings of operations
Quint 4 to chan	
16. Informant	Autopsy results
Address 3/18 Hammonde Herry No	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof. (mont) (day) (year)	Accident, suicide, or homicide
7 6.7000	Whera did injury occur?
Cemetery or crematory  Seld The Series R9	
Location	Msans of Injury Injured at work?
18. Funeral director. The any H Wilshe	
Address 4/0/ Edgrossdoves due	- 10 m is Cound
1110.25 V2 91 N 1.1	23. SIGNATURE M. D. or other
19. (Date rec's ly registrar)	trar Address 3/5 Drury Lane 210 Read 5 Date signed 22/47

John C Pound 515 Dury La = 5400 Elmondon Gro



2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

CERTITICAL	Reg. Dist. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) Il veterah, name war
3. (a) FULL NAME  Lacused Frederick  4. Sex  5. Color or race  8. (a) Single, married, widowed, or dispred  M  M  M  M  M  M  M  M  M  M  M  M  M	3.(b) Social Security Number 170-18-4743  MEDICAL CERTIFICATION
8.(b) Name of husband or wife 2006 see Ryley	20. DATE DF DEATH
7. Birth date of deceased (mo., day, yc.) Aug 7. 1880	and that I last saw h / Malive on County 18 42
8. AGE: Years Months Days If less than one day	Cerebral Tremarkage
9. Birthplace Ball. (Torn, equity, and state)  10. Usual occupation Larbeider Jew Labor	Due to
11, Industry or business / District of the State of the S	Other conditions Aquellus
14. Maiden name. Sarah Jaylor.  15. Birthplace Ballo, Co. Wall.	(Include pregnancy within 5 months of death) ,
16. Informant MASA of De To Selection	Actopsy results
Address ( Duty Out,	22. VIOLENCE: it death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemelery or crematory of field ord Babtist	Where did injury occur?
18. Funeral director and an analysis of the second and the second	Means of Injury Injured at work?
19. Quq 14 19 47 Mrs Howard S. Mark (Dato rec's by registrar)	23. SIGNATURE M. D. Trance M. D

FOR BINDING RESERVED MARGIN ADING INK. Supply every item of information carefully. Incorpect age Physicians: please write the causes of death clearly and legibly,

PLAINLY, WITH

PLEASE WRITE

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2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

BC								
Reg.	Diat.	No.	 	 	 		 	

1/PLACE OF D				2. USUAI. RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:		
City or town(1) How long in above pla Hospital, Institution,	Fort Ho outside city or town the of death? APPI or street address where	death occurred	URAL and give nearest town)	State Maryland County  City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. 227 N. Bruce Street			
Vets. Adr	Hosp., E	ort How	ely 6-1/2 Hrs.	(If rural, gi	ve LOCATION)		
3. (a) FULL NA!					3. (b) Social Security	Number	
	GEORGE	W. LE			Unknown		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL (	CERTIFICATION		
Male	Colored		Vidowed	20. DATE DF DEATH AUGUST 6.	19.4.7	, at 9:30 P	
6.(b) Name of husbar	d or wifeWic	lowed.		21. I CERTIFY that death occurred on the date a			
			c) If alive, give age	August 6, 3:00 PM.1	9.44	1.47	
7. Birth date of deceased (mo., da)	, yr.) 2-27.	-95		Immediate cause of death		DURATION	
8. AGE: Yes	mrs Months	Days 9	If less than one dayhrs.	Tuberculosis, pullo		Un'tnown	
9. Birthplace	Baltimore,	Maryla	nd ntate)	Due to	***************************************	•••••	
	Inemploy	county, and	atate)			***************************************	
		r.m		Due to			
11. Industry or busin  12. NameJ.  13. Birthplace		old		Diher conditions Renal Tuberc Secondary to Pulmona (Include pregnancy within	ulosis		
14. Maiden nam 15. Birthplace	Sally ? Unknown			(Include pregnancy within			
16. Informant CI	inical Rec	ords, N Marylar	Vets. Adm. Hosp.	Actopsy results	ed above. which death should be charged		
17. Buri	al on, or removal. Which		eot. (month) (gay) (year)		Date of		
	Balt	imore,	Md.	Injured at home farm, industry, public place			
Location	1 - 0.	2 x 19	well-	Means of injury	Injured at work?		
18. Funeral director	09 7. Moun	t St.	Bayto., Md.	amo		- 2.2	
Address	10 110	-	V1. 26/1	23. SIGNATURE	and M.D.	e (na)	
19(Date rec'd by	registrar)	/Q	On Regis	etrar Address Deput	D. Date signed.	Cepeno	

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County BALT MORE	(For newborn infants give residence of mother)		
City or town ZZ Dye her Ave, Pilesville, 8/1d	State MARY AND County DALINORE		
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	PIKESVIIIE.		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where beath occurred:	Street No. 22 Dyehey Ave		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME CHARLES HENRY LIN	1 OUL- R 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, magried, widowed, or divorced	MEDICAL CERTIFICATION 30		
MALE White Wildowed	20. DATE OF DEATH 15 HU9UST 19.4 31 5 P) M		
6.(b) Name of husband or wite Mathilde Jaegey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6,(b) Name of husband or wife	13 August 19 42 19 15 August 1942		
7. Birth date of	and that I last saw h. / mailing on 15 Ay 9 05 1 19 4)		
deceased (mo., day, yr.) Lecember 18 18/5	Immediair cause of death COM 985 TIVR DURATION,		
8. AGE: Years   Months   Days   If less than one day	Hody t Ezilding		
8/7/2/hrsmin.	THON CAS.		
BAITIMORE MARVIAND			
9. Birthplace (Town, county, and state)	Due to		
1B. Usual occupation. ARPENTER			
RETIRED	Due to		
11. Industry or business	7740 1 7 7 7		
12. Name 5 12. Name 5 13. Birthplace 5 ERMANY	Other conditions. Cody Cin om a of		
	The Jonach		
14. Maiden name ATHERINE LOCKARER  15. Birthplace ON BOAT ON ATLANTIC OCEAN	(Include pregnancy within 3 months of death)		
BN BARTONATIANTIC OCFAN	Major findings of operations. Nohe made		
₹ 15. Birthplace / / / / / / / / / / / / / / / / / / /	Date of op.		
16. informant £1/2 abeth 15£ 165 /1/66	Autopsy results. / Von & Of on &		
Address 22 Dyeher Ave, Pikesville, 8, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
1 . 0 . 1 . 10.00	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
(Burial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide		
5 1000 - 1	Where did injury occur?		
Cemetery or crematory			
Location Lederal RA! Ballo Pip	injured at home, tarm, industry, public place (where?)		
18. Funeral director Talanah Ha Man Fell	Msens of tnjury tnjured at work?		
0.1.00	DM : 11 /1		
Address () whereville mar	23. SIGNATURE Millard / Majand ?		
1 8- 16- 10 47 Dar 6. Richal	Mallow Could to the to the M. D. or other		
(Date ree'd by registrar)	Address allewell to sa state of Date signed and T		

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The's is especially important. Physicians: please write the causes of death clearly and legibly.

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OF DEATH	DATES & CAUSE  OLANGED BY LETTER  OLANTONIO FILMED	
FROM DR	MI ANTONTO ETIMED	3

2411 N. Charles St., Baltimore

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G 111-LL	LERIFICATE OF	DEATH	Reg. Diat. No	44
1. PLACE OF DEATH: County Saldinais	2. USU.	AL RESIDENCE (HOME) Or newborn infants give residence of	F DECEASED:	4
City or town. (If outside any or town limits, write RURAL and	give nearest town)	D	unity	<b>/</b>
How long in above place of death?	City or to	(If ontside city or town limit		
nospilat, institution, or street address where death occurred.	Street No.	(If paral, five	LOCATION)	W.
How long in hospital or institution?	2.(a) 11 v	eteran, namo war	voils we	CS.
3. (a) FULL NAME Melvin Draglor	& Lindery		3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, wi	idowed, or divorced	MEDICAL C	ERTIFICATION	26
male wall mus	SULG - 20. DATE I	OF DEATH & //4/3	47 19	11/Z P
6.(b) Name of bushess or wite	ell Surdan 121. I CERT	IFY that death occurred on the date abo		
7. Rirth date of	ve ageyear	last saws	19814	19
deceased (mo., day, yr.)  3. AGE: Years   Mgaths   Days   It less th	Immediate	capse of death	f	DURATION
53 4	hrsmin.	cisousy of		
Belito Co. Mul.	Carles Brilly Due to.	Relevan	errousy	***************************************
D. Usual occupation		ocelin	Mr. 2/	***************************************
1. Industry or business	Due to		<b></b>	***************************************
12. Name Meller A. Al	Diker com		iosclerotic	***************************************
13. Birthplaco	11/4.	(Include pregnancy within 8 r		
14. Maiden name	Major fine	lings of operations		
El 15. Birthplace	Wed .	•	Date of op	· · · · · · · · · · · · · · · · · · ·
6. Informant		esults		
Address 4 18 UCSHULLE	18.18.1947 22. VIOL	ENCE: It death was due to external cau	ises, till in the following;	
	onth) (day) (year)	suicide, or homicide		••••
Cemetery or crematory		Injury occur?(City or town)		(State)
Location Statements M.	Means of t	home, farm, industry, public ptace (wi njury	hero?)Injured at work?	*****************
11/1/2 D. 14/14	8	6.11	7.17	
Address ; 14 10 peglet of	23. SIGNA	TURE SOUTH	o Anton	or other
19. (i) ate ree'd by recistrar)	Registrar Address	85452 Phil	Co. P.C. Date signed	MILL

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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## CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DE					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore							
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)				State Maryland County			
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?			City or town Baltimore (If outside city or town limits, write RURAL and giv	s pearest town)			
How long in above place Hospitat, Institution, or	e of death?	death occurred	  :		Street No. 13071. Bond Street		
Vets. Adm	. Hosp F	ort Hov	ward, Maryla	and	Street No. (If rural, give LOCATION)		
	26	Davs			2.(a) If veteran, name war	✓	
3. (a) FULL NAM		-	*******		3.(b) Social Secu		
3. (a) PULL NAM		TIS LO	עים זער				
4. Sex	1 5. Cotor or race		e, married, widowed, or divo	nreed	212-03-11 MEDICAL CERTIFICATION		
					MEDICAL CERTIFICATION		
Male	Colored		Married		20. DATE OF DEATH	7 16:05 A.	
- 02 4 42/0/0/0	//with Emm	a Lock	Ley		21. I CERTIFY that death occurred on the date above stated; that I attended		
					July 23, 19. 47, to August	18, 19.47	
7. Birth date of	• • • • • • • • • • • • • • • • • • • •	6.(	c) 11 alive, give age	4.5years	and that ! last saw h im alive on August 18,	13.4.7	
deceased (mo., day,					Immediate cause of death PRIMARY CARCINOMA	OURATION	
8. AGE: Year	months Months	Days	If less than one day		OF LIVER METASTATIC TO LUNGS		
4	.8 0	15	hrs	min.		m3	
Vi	rainie				Due 10		
			state)				
10. Usual occupation.	Laborer		*************************		Que to.		
11. Industry or busine	ss				000 10		
		ev	· · · · · · · · · · · · · · · · · · ·		Other conditions		
	Virginia				Silisi Selicities		
					(Include pregnancy within 8 months of death)		
置 14. Maiden name	Hester La	VLS	,		Major fiediogs of operations		
14. Maiden name	Virginia				Oate of op		
10 total C7	inical Rec	ords.	Vets. Adm. I	Hosp.	Substantiated Above		
THE PARTY NAMED IN	ort Howard	. Md.		25	PHYSICIAN: Please coderlice the caose to which death should be cha	arged statistically.	
Address			0		22. VIOLENCE: Il death was due lo external causes, fill in the following:		
17 Bur	ial	Date the	reol aug 23 (month) (day)	1947	Accident, suicide, or homicide		
					Where did injury occur?		
Cemetery or crematory Body shipped to Cologna, Va.			X.Cla				
Location					Injured at home. 1arm, Industry, public place (where?)		
19 Funeral director	Charles R	Law		*****	Means of injury Injured at work?		
			alto., Md.		000 1 m 000		
			- 1/	•	23. SIGNATURE COULT	Drop other	
10 Rues	19 4 registrar)	7	a. w. 160	Crech	R. M. CULLISON, M.D. CLIN.	DIR.	
(Date rec'd by r	egistrar)	1	DK.	Registrar	Address V.A.H. FT. HOWARD, IID. Oate st	gned & m. J. & m. A /	

2411 N. Charles St., Baltimore

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CERTIFICA	AIE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town. (If outside city or plan limits, write RURAL and give nearest town)	State md. County Balto.
How long in above place of death?	Street No. Woward Stown Farm (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Frank Loud	3. (b) Social Security Number
4. Sex  5. Color of race 6. (a) Single, married, widowed, or divorced  Male Hute Single	MEDICAL CERTIFICATION  20. DATE OF DEATH
6. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Sand 2 - 1867	ars and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
9. Birtholace Chechslander	Due to.
10. Usual occupation Caulabu	
11. Industry or business	Due to
12. Name	Other conditions
14. Maiden name Surah Jares	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthplace Checker Character Checker Check	Antopsy results.
Address 121 n. Port Pt.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Build (Burial, cremstion, or removal, Which?)  Date thereof. City - 1/- 194 (mogth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory Care Till	Whers did injury occur?
Charles Schumente	tnjured at home, farm, Industry, public place (where?)
Address 2601 6 modeson	23. SIGNATURE AMBRICA TO THE PARTY TO THE PA
19 Comelly John S. Cornelly (Date stood of registrar)	Deply malias potto

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For-newborn infanta give residence of mother)
County	me. Articopoli
City or lown	Slate County
How long in above place of dealh?	(If outside city or town imits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	1320 0 : 100 1 0119 .
1320 Luden aue.	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
adgar J. Lac	uman dr 216-10-4988
4. Sex 5. Color or race 6.(a)Single_married, widowed, or divorced	MEDICAL CERTIFICATION
w W. married	20. DATE OF DEATH Oug. 24/47. 19 , 1/0 a M
8.(b) Name of husband or wife that erine dawman	21. I CERTIFY that death occurred on the dale above stated; that I altended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)  R ACF- Years   Months   Days   If less than one day	Immediate cause of death
0. Add.	
54 4hrsmin.	acute Cardiae facture
9. Birlhplace	Due 10
(Town county, and state)	for the second s
1D. Usual occupation	Due 10. Carcino of The
11. Industry or business Mack Smith 60.	
12. Name Dichalas Lawman  13. Birthpiace	Other conditions.
	(Include pregnancy within 3 months of death)
14. Malden name mina Thanke  15. Birliphace  M	
W 15 Birthings The	Major findings of operations
1 That the Marinettan	
16. Informant	Autopsy results
Address 1320 Lenden and	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Brisl Bate therept aug. 28/47	
Bate thereof (month) (day) (year)	
Cemetery or crematory X A X X X X X X X X X X X X X X X X X	Where did Injury occur?
Location 3801 Trederick Cond	Injured at home, farm, Industry, public place (where?)
Harry H Withle	Meens of Injury Injured at work?
18. Funeral director	On 2 11 1 despelle
Address 4.101 (Gamondson Cle	23 SIGNATURE LE Mikingfucians
aug 26 W7 Get See	M. D. or other land
19. (Date rec'd by registrar) (Registrar	Address 1010 Leede an Date signed life my

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AUG 28 1947

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C. Supply every item of information please write the causes of death clearly

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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DURATION 24 hours

	17
10	-

CERTIFICA	Reg. Diat. No. 30			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County Baltomore	(For newborn infants give residence of mother)			
Catonsville (If outside city or town limits, write RURAL and give nearest town)	State Maryland County			
How long in above place of death? 25 days	City or town Baltimore  (If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred:	1625 Hangray Street			
Spring Grove State Hospital	Streel No. 1020 Lanover Street (If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
3, (a) FULL NAME				
William Lulie	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Widowed	20. DAYE DF DEATH August/24 1947 19 21 7 A N			
6.(b) Name of husband or wife. Sophie Elizabeth Otter	21. 1 CERTIFY that death occurred on the dale above stated; that I attended deceased from			
	July 30th, 1947 19 10 August 24, 1947			
7 Right dale of	and that I last saw h. im alive on August 24 1947 19			
deceased (mo., day, yr.) November 11, 1869	Immediate cause of death Right lower lobar DURATION			
8. AGE: Years Months Days If tess than one day	pneumonia; left broncho pneumonia 24 hour			
77 9 13hrsmin.				
Roltimore Memiland	Due to Chronic hypertensive arterio-			
9. Birthplace Baltimore, Maryland (Town, county, and atate)	sclerotic C-V-R disease Indefini			
10. Usual occupation Laborer	With sclerotic coronary diease "			
11. Industry or business General	We was selected to coronary diease			
質 12. Name Jacob Lulie	Diher conditions Scleratic and senile			
12. Name Jacob Lulie 13. Birthplace Germany	nemehmal champes			
	(Include pregnancy within 3 months of death)			
14. Maiden name Edith (last name unknown)  15. Birthplace Germany	Major findings of operations.			
≥ 15. Birthplace Germany	Date of op.			
16. Informan Hospital Records	Autopsy results			
	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address Satonsville 28, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal, Winch?)  Date thereo (May) (maith), (day) (year)	Accident, suicide, or homicide			
(Burial, cremation, or removal, which;)				
Cemetery or crematory.	Where did injury occur?			
Location	Injured at home, farm, Industry, public place (where?)			
18. Funeral director at 46 shared Eilans	Means of Injury Injured at work?			
There A shall st	gradien fresh			
Address 14 to Challes 11	23 SIGNATURE			
10 8/25 10 x2 A.D. Heduch	23. SIGNATURE			
(Date/rec'd by registrar)	Address Cet onsville, 28, Md. Date signed 8/24/47			

LEASE WRITE P

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

60		0	
Reg. Dist.	No		

1							
1. PLACE OF DEA	Balti	more		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or lowe	Catons	ville		state Maryland county			
Catonsville (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give nesrest town)			
How long in above place of death? 35 years, 1 month, 12 days				(If outside city or town limits			
Spring Gro	ve State	Hospita	il	Street No. 3729 W. Garrise			
	35 v	cars.	month, 12 days	(If rural, give			
3. (a) FULL NAME	institution?			2.(d)    veteran, name war			
3. (a) FULL NAME	Louis	a Mann			3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
female	white	wide	bewo	2D. DATE OF DEATH August 29	147	10:40p.	
6.(b) Name of husband or wife XXXXXXX John Mann				21. I CERTIFY that death occurred on the date abo July 17	ve stated; that I attended deco	eased from	
7. Birth date of			c) If alive, give ageyear	and that I last saw h Or alive on Aug			
deceased (mo., day, yr.		ry 9,		Immediate cause of death		DURATION	
8. AGE: Years	Months 6	Days	If less than one day	Cerebral accident		11 hours	
87 800	0	20	hrsmin			***	
9. Birthplace Maryland (Balto,) (Town, county, and state) hous ewife				Due to. Generalized arteri	osclerosis	Indef.	
1D. Usual occupation	home	***************************************	•••••••••••••••••••••••••••••••••••••••	Due to			
	njegot y	Villiam	Wittgrefe	Other conditions		***	
12. Name		Brmany				***	
14. Maiden name	contex.	Wilhel	mina ?	(Include pregnancy within 8 n		The Cart of	
TOP 45 Bills		German		Major findings of operations			
				- Date of op.			
				Autopsy results. DONG PHYSICIAN: Please underline the cause to wh	ich death should be charred		
Address Cato	onsville :	28, Md.				statistically.	
17. Buri	al	Date there	eof 9/2/47 (month) (day) (year)	22. VIOLENCE: If death was due to external cau			
				Accident, suicide, or homicide			
			Cem.	Where did injury occur?(City or town)	(County)	(State)	
Location	Bal	to., M	d •	Injured at home, farm, Industry, public place (wh	iere?)	***************************************	
			R & SONS	Means of Injury	Injured at work?		
		to., M		Brader	Tuesh		
Address	242	1		Isadore Tuer	k. M.D.		
19 / - 1	19 47	1.	Whedrich	Caronsville	M. D.	or other	
(Date rec'd by regi	strar)	Califfi	Registra	Address	Date clased	8/30/47	

2411 N. Charles St., Battimore

## CERTIFICATE OF DEATH

			02111111011	Reg. Dist. No		
1. PLACE OF DE		~		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)		
City or town For	ty or town Fort Howard, Maryland (If outside city or town limits, Write RURAL and give nearest town)  w long in above place of dealh? 46 days spilal, institution, or street address where dealh occurred:			State Maryland County G. County County City or town Baltimore 25 (If outside city or town limits, write RURAL and give nearest town)		
Vets. Adm	. Hosp. Fo	rt How	ard, Maryland	Street No. 7.00 Church Street (If rural, give LOCATION)  WW I		
3. (a) FULL NAM	1E			3. (b) Social Security N		
	THOMAS	McCOR	MTCK			
4. Sex	5. Color or race	8.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		Single	20. DATE OF DEATH August 29 19.47		
	*********	6.	(c) It alive, give ageyear	July 14 19.47 to August 29	19.4.7.	
deceased (mo., day.			Il less than one day	Immediate cause of death	DURATION	
8. AGE: Yea		Days	11111		2 Mos.	
51	1	16	hrs mln	formation bilaterally.	plus.	
10. Usual occupation  11. Industry or busines  12. NameJ  13. Birthpiace I	Unemploy ohn McCorm reland	ed	nd state)	Due 10.		
14. Maiden name	Catherin Ireland	eDehn	an	Major findings of operations		
16. Informant C. L.1	nical Reco	-	ets.AdmHosp nd	Autopsy results. Substantiated Above.  PHYSICIAN: Please underline the cause to which death should be charged at		
			reel 9 2 47 (month) (day) (year) NATIMAL	22. VIOLENCE: Il death was due to externat causes, till in the tollowing;  Accident, suicide, or homicide		
Location	FRE	SERICA	PD.	Injured at home. tarm, Industry, public place (where?)	,	
			DENNY, INC	Maans of Injury Injured all work?		
Address 9/2/	7/9		4T ST30 R. W. Hedrick	23. SIGNATURE Robert Larner M.D. or M. D. or		
(Date rec'd by 1	registrar)		96 Registra	Address VAH Fort Howard Ind Date signed	german de sand	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

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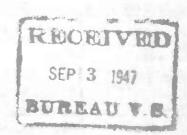
2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

			2 4
Reg.	Diat.	No.	

				11 -	***************************************
1. PLACE OF DEA	Balti	more		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (If or How long in above place Hospital, Instillution, or Spring	Caton  atside city or town  of death? 3. y.e.  street address where  Grove S	sville limits write l ars, 11 death occurre tate Ho	RUKAL and give nearest town)  months, 29 days	State	rest town)
3. (a) FULL NAME				3. (b) Social Security	
4. Sex male	5. Color or race White	6.(a)Sing	le, married, widowed, or divorced mar ried	MEDICAL CERTIFICATION  20. DATE OF DEATHAugust 28	at .4.2 10m
6,(b) Name of husband of husband of husband of deceased (mo., day, yi			(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deces  August 50	19.4.7 19.4.7 19.4.7
8. AGE: Years 66	Months 8	Days 10	If less than one dayhrsmin.	Cache via	.1.month.
11. Industry or business	Labo Pape	rer r Mill	iding, Maryland	Due to Carcinoma of the right naris	indef
13. Birthplace	Mary Mary	land France	es Smith	Other conditions	
16. Intormant	-	ital re	ecords	Autopsy results	***************************************
Address  17	rial		(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	(State)

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## CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF E	EATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
City or town	Reisters	town	n. Md.	State Maryland Coue	, Baltimore	) ,
(1			URAL and give nearest town)	City or town Revolerator	eva, md.	********
Bearing   Indication	ace of death?	death occurre	1:	(If outside city or town limits,		rest town)
114	West	mins	ter Pike	Street No. 114 Wester (If rural, give I		
			***************************************	2.(a) If veteran, name war Zutue	<i>.</i>	
3. (a) FULL NA					3. (b) Social Security 1	
			Patrick McGonig	gle	None	
4. Sex male	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
mare	nane	M	idowed	20. DATE DF DEATH August 15	19.47	3:30A.
B.(b) Name of hys/sp	ndcor wife]160.27;	gery Vi	rginia McGonigla	21. I CERTIFY that death occurred on the date above 8-11-147	stated; that I stlended decea	sed from
7. Birth date of	***************************************	B.(	c) It alive, give ageyeare	and that flast saw h 1 111 alive on	8-11-147	18
deceased (mo., da	y, yr.) Feb.	14, 18	1 It less than one day	Immediate caose of death		DURATION
o. Ada.		Days		Angina Pectoris	*************************************	2 yrs.
	<b>3</b> <sub>x</sub> 6	1 1		Hemiplegia		Howas
9. BirthplaceB.	alto Md	county, and	state)	Due to Hypertensive Ca	raovasculai	8 green
			urar	Disease	, 40, 60, 60, 60, 60, 60, 60, 60, 60, 60, 6	100000000000000000000000000000000000000
11. Industry or busin				Due to	•••••••••••••	0
<b>64</b> l				Bibbs andillone		***************************************
13. Birthplace				Direct Conditions	98 · 500 · 000 · 000 · 500 · 0	******************
امما		Ratfor	d	(Include pregnancy within 8 me		
15. Birthplace			Professor (1980-1980-1980-1980-1980-1980-1980-1980-	Major findings of operations		
		4 47		NONE		
			<u>V</u>	PHYSICIAN: Please underline the cause to whi		
	14 Westmin			22. VIOLENCE: If death was due to external cause		
17BUY (Borial, cremati	ial on, or removal. Which	Date ther	eef 8/18/47 (month) (day) (year)	Accident, suicide, or homicide	Dats of	************************
Cemetery occurrent	atom New Cat	hedral	Cema	Where did injury occur?(City or town)	(County)	(State)
Location B	altimore.	Md.		Injured at home, farm, industry, public placs (whe		
				Means of Injury Zone.	tejured at work?	
			SONS INC.			
Address Nor	th & Pa. A	ves. Ba	1to. 17. Md.	23. SIGNATURE D. D. Ca	ples m.D.	
19. 5	7 / 19 4	1. 4	· W. Hearion	Address Reisterstown, M	M, D. o	r other 3-15-147
(Date rec'd by	registrar)		Registrar	II Address ILOLOUCE DOUVILL	Date signed	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 14

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2411 N. Charles St., Baltimore

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()	0.0	all,	-	/

## CERTIFICATE OF DEATH

Reg. Diat. No. 42

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
County. Baltimore	Nd Politimans
City or town	
How long in above place of death? 15. yrs.	City or town
Mospiiat, Institution, or street address where death occurred:	Street No. 2538 Rolling Rd.
1538 Rolling Rd.	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) tf veleran, name war. W.W. # 1
3.(a) FULL NAME  John Thomas Mc Hale	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	2D. DATE OF DEATH
6.(b) Name of husband or wife Helen Patterson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Tune 17. 1900	14 august 147 10 21 aug 1947
7. Birth date of June 17, 1890	and that I last saw harm alive on 18 august 19 47
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If tess than one day	Immediate cause of death
57 2 5min.	Coronary Anomores Thous
9. Birthplace Baltimore, Md. (Town, county, and state)	Due to Assessment Activities
10. Usual occupation Head Clerk Accounting	Macons
10. 00001 000000	Due fo
11. Industry or business B & O R.R.	
John Mc Hale  12. Name John Mc Hale  13. Birthplace Ireland	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Margaret Mc Hale	Major fiediogs of operations.
14. Maiden name Margaret Mc Hale  15. Birthplace Ireland	- Date of op.
16 Informant Mrs. Helen P. Mc Hale	Actopsy resolts.
2500 D 221 D 2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial  (Burial, cremation, or removal, Which?)  Bate thereof  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Frederick Rd.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Wm. J. Tickner & Sons	Mesns of injury tnjured at work?
	60 11 2 1 1 7 -
Address North & Pa. Aves.	23. SIGNATURE & Bradley Laugharthy m.D.
19. 8/23 19X) Aw Kediah	1264 Francis Show Loto Thanks Md. 27 hours
(Date re'd by registrar) Registrar	Address Addres

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# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Talliantil	State Md. County Baltimore
(If outside city or town limits, write RURAL and give nesrest town)	City or town Hallerook
How long In above place of death?	(If outside city or town limits, write RURAL and give nesrest town)
Hospital, institution, or street address where death occurred:	Street No. iberty Cd + allen Lane
and the state of t	(If rurat, give LOCATION)
How long in hospiter or institution?	
John J. Meng	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. ( W. Widowed	20. DATE OF DEATH. ( LLC 14/47. 19 a) 6 P.
6.(b) Name of husband or wife Anna Mary	21. J. CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	august 144 1947 10 (Mag. 14, 19.4)
7. Birth date of deceased (mo., day, yr.) June 2, 1875	and that I (ast saw hearthlike on 19.4.
8. AGE: Years   Months   Days   If less than one day	Immediai cause of death DURATION
72 2 12nrsmin.	Corpus Corpus 30 mm
9. Birtholace Germany	Due to
(Town, county, and atate)	
10. Usual occupation. Alexander of the state	Due to
11. Industry or business Balds. Lanset Go.	
12. Name Mengert  13. Birthplace Germany	Other conditions
₹ 13. Birthplace	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
15. Birthplace & Germany	Date of op.
16. Interment hu. Thomas mengert	Antopsy results.
Address 43 6. 29th st. New york My	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 18/470	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal Which?)  (Burial, cremation, or removal Which?)	Accident, suicide, or homicide
Cemetery or crematory Garkwood	Where did injury occur?
Location taylor and tamellow	tnjured at home, farm, industry, public place (where?)
18. Funeral director Harris H. hintiple	Means of injury injured at work?
Address 4/0/ Camondson Que	2 0 mt
Elini III III III III	23. SIGNATURE M. D. or other
198/4/ 194) 194) Koriz / Martin	Wandalloton md mass 8/14/4)

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correcting is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE



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2411 N. Charles St., Baltimore

Baltimore 18

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## CERTIFICATE OF DEATH

ec

Reg. Dist. No. 42

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
that a said	State Maryland County Baltimore		
City or town (If outside city or town limits, write RURAL and give nearest town)	Baltimore_30		
How loog in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)		
	Street No. 2407 Kermit Court (If rural, give LOCATION)		
How long in hospital or institution?	Water the second		
3.(a) FULL NAME  Robert Dale Merghon	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE OF DEATH. AUGUST 19 1947 21 8:10Pm		
6.(b) Namo of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from 8-19-147 19 to 8-19-147 19		
7. Birth date of deceased (mo. day, yr.) Sept 15 1531 3	and that I last saw h im allye on not seen alive 19		
8. AGE: Years   Months   Days   If less than one day	Immediate cause al death		
15 9 42	Drowning 38 min		
8. Birthplace (Toyn, county, and state)	Due to		
10. Usual occupatios			
11. Industry or business	Due to		
12. Name / Dale Marshor	Dther conditions		
	(Include pregnancy within 3 months of death)		
6	Major findings af aperatians		
El 15. Birthplaco	NONE Bate of op.		
16. Informant Dule Miles & State	Antopay results		
Address 2407/Climit Cl	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or, removal, Whigh?)  Bate thereof 8 2 7 / 4 7 (month) (day) (year)	Accident, suicide, or homicide. ACCIdent Date of 8-19-147		
Cemetery or crematory 11 T Olysel	Where did injury occur? Lansdowne, Balto, Maryland (City or town) (County) (State)		
1 2, 10	(City or town) (County) (State)		
Location Location	Injured at home, farm, lodustry, public place (where?) Cramers Lake  Means of Injury Drowning Injured at work? No		
18. Funeral director Ce during Toucht			
Address 2359 wash Dird!	23. SIGNATURE DE D. D. Eaples, Med. Exam!		
19. Acc J 19 47. Q. W. Hellich Registrar	Address Reisterstown, M. D. or other  Address Reisterstown, M. d. a. Date signed 8-20-147		
(Date fee Only registrar) ( Registrar	Address DE LO LELS LUNILLA Bate signed O SU		

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

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					/
A. PLACE OF DEA	Daltin	ore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County				State Maryland County	
City or town(If o	utside city or town	imits, write	RURAL and give nearest town)		
Now long in share place	of death? 12	days		City or town Baltimore (If outside city or town limits, write RURAL and give no	eareat town)
Hospital, Institution, or	streel address where	death occurre	d:	Street No. 253 South Robinson St.	
Spring Gre	ove State	Hospit	al	Street No	
How long to hospital or	Institution?12.	days		2.(a) tf veteran, name war	
3. (a) FULL NAME				3. (b) Social Security	Number
	Andre	w Mill	er		WE37
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	S	eparated	2D. DATE OF DEATH. August 9, 1947 19	, at 4:55 A M
6.(b) Name of husband	or wite	largare	t Chapman	21. I CERTIFY that death occurred on the date above stated; that I altended date  July 28m 1947  19	eased from 9 47
		6.	(c) Il alive, give ageyear	and that I last saw h implie on XuX August 9,	194719
7. Birth date of deceased (mo., day, y	Dece	ember 2	8, 1898	Immediate cause of death Subarachnoid hemorrh	age OURATION
8. AGE: Years		Days	If less than one day	Ammediate cause of death	24 hour
4	8 7	12			***
-	Baltimore	-	and	Toric delirium (alcohel)	Indef.
9. Birthplace		county, and		. Due to	
4B Havel seeunstles	Laune	dryman			***
	Classi		***************************************	Dus 10	
11. Industry or business	Ambrose M	-		-	*** ***********************************
王 12. Name	linknown		44	Dther conditions	
			ermany	(Include pregnancy within 3 months of death)	
14. Maiden name	Unknown			Major findings of operations.	
W 15 Birthnians	19			Major hadings of operations.  Date of op	
п	eenitel D	-conde			
16. Informant	esbirer v	scaled #		Antopsy results	statistically.
Address Cat	onsville,	28, Mc		22. VIOLENCE: It dealh was due to external causes, Illl in the following:	
17 Be	vial.	Date the	en ang. 12 -4		
(Burial, cremation	or removal Which	?)	(math) (day) (vear)	Accident, suicide, or homicide	
Cemetery or cremato	ryJak	red	Keeny	Where did injury occur?	(State)
	Lum	naver	Hill M	Injured at home, farm, industry, public place (where?)	**********************
Tocation	1	0	(M Down	Magns of injury tojured at work?	
B. Funerat director	pun.	4.	TIIII	11 2201	11/16
Audress 4	201 €	Tree.	mont an	o Have Called	14 N
£	1. 1/2	/	201611	23. SIGNATURE Henry C. A. Mead, M. D.	or other
19. (Date rec'd by re	/(19/)		- Registra	Address Catonsville, 28, Md. Date signed	8/9/47
(Date Fee d by Te	gardanj		- CE ISLIE	Manicas Dete or Sucre	

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

39

06815

	Reg. Dist. No
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Tarretsuille Pike Tackson Uille (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Balfimore  City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3/ Lears. Where death occurred:	Street No. Jarrets ville (If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Charles Elmet Nau	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male White Married	MEDICAL CERTIFICATION  20. DATE DE DEATH AUGUS 17 18 47 21 8:00 A
6.(b) Name of husband or wife Mary Belle Nau  8.(c) If alive, give age 57 years  7. Birth date of deceased (mo., day, yr.) September 26, 1889	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4.7., to 9.49.45.4.7. 19.4.7.  and that I last saw h. 1.1.7. alive on 9.49.4.5.4.7. 19.4.7.
8. AGE: Years Months Days It less than one day  57 10	Immediate cause of death  Pulmonary Tuber-culosis 3 years
9. Birthplace Hurtord Co, Maryland (Town, county, and state)  10. Usual occupation Farmet	Due to.
11. Industry or business  12. Name John Franklin Nau  13. Birthplace Hartord Co. Muryland.	Other conditions
	(Include pregnancy within 3 months of death)
15. Birthplace Hortord Co. Mary land	Major fiadiogs of operations.  Date of op.
Address Jacksonville, Md.	Actorsy results
17. Burial, cremation, or removal. Which?)  Date thereof	22. VIOLENCE: If death was due to externat causes, fill in the following:  Accident, suicide, or homicide
Cemetery or grenatory ( literatural & Grove	Where did injury occur?
18. Funeral director Scott Becovis	Means of Injury injured at work?
Address Barby Mill,	23. SIGNATURE Walter T. Kees M. D. M. D. or other
19. 8/20 1947 anna Fucl	Address Cockeysville, Md. Bale signed 8-17-47

UNFADING INK. Supply every item of information carefully. The correct age cant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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06816 XX

## CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Fort Ho ard, Maryland (if outside city or town limits, write RURAL and give nearest town)	State Maryland County Dorchester
(if outside eity or town limits, write RUKAL and give nearest town)  How long in above place of death? 6815	City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)
Mospital, Institution, or street address where death occurred:	Street No. Trenton Street, ETD
Vets. Adm. Hosp. Fort Howard, Maryland	(if rural, give LOCATION)
How long in hospital or Institution? 6 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JOSEPH C. NIBLETT  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	MEDICAL CERTIFICATION
	2D. DATE OF DEATH August 29 19.47 21 6:15 An
6.(6) Name of Vushand of wife Julia E. Niblett	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  August 23 1947 1947 1947 1947
7. Birth date of 0.00 (0.3)	and that I tast saw h im alive on August 29 19.47
deceased (mo., day, yr.) 8/28/93	Immediate cause of death
8. AGE: Years Months Days It less than one day	Melanosarcomatosis 8 mos.
54 0 1hrsmin.	Primary site - 8 sin of the back.  Oue to Unknown 10/22/47-a.s.
9. Birthplace Salisbury, Maryland (Town, county, and state)	Due to Unknown
10. Usual occupation Paper hanger	
11. Industry or business	Due to
	Other conditions Tuberculosis, pulmonery,
12. Name John Niblett 13. Birthplace Maryland	right, active. (Include pregnancy within 3 months of death)
14. Maiden name. Johanna Towsend	(Include pregnancy within 3 months of death)  Major findings of operations
5 15. Birthplace Maryland	Date of op.
16. Informant Clinical Records, Vets.Adm. Hosp.	Actopsy results Substantiated above.
Address Fort Howard, Md.	PHYSICIAN: Please ooderline the caose to which death ahould be charged atatistically.
17. Burial Date thereof 9/2 X7 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Meadowridge Memorial Cometery	Where did Injury occur? (City or town) (County) (State)
Location Baltimore, Maryland	Injured at home. farm, industry, public place (where?)
18. Funeral director Wendell J. Dippel	Meens of Injury Injured at work?
Address 312, Highland Avenue, Baltimore, Md.	Robert M. Cullison
10 9/2 19X7 A-D Hedrick	23. SIGNATURE D. CULLING D. CLIIM. D. D. CONTROLLED
19. (Date for d by registrar) 19 ) He De Registrar	Address V.A.H. FORT HOWARD, MD. Date signed 8/27/47

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2411 N. Charles St., Baltimore

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06817

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	141	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Baltimore		State Maryland County	
City or town Fort Howard	Maryland mits, write RURAL and give nearest town)	7 7	
How long in above place of death? " 46 ]	Days	City or town BAITLIMOTE (If outside city or town limits, write RURAL and give nea	rest town)
Hospital, instillution, or street address where	death occurred:	Street No. 3606 Newland Road	
Vets. Adm. Hospital	, Fort Howard, Md.	(If rural, give LOCATION)	••••••
How long in hospital or institution?46]	Days	2.(a) If veleran, name war.	
3. (a) FULL NAME		3. (b) Social Security 1	Number
NORTH	, Samuel M.	Inknown	
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White	Married	20. DATE OF DEATH. August 3. 19 47	at 1:40 P
6.(b) Name of Mughand or wife Fr	ances North	21. I CERTIFY that death occurred on the date above etated; that I attended decea	eed from
6.(0) Name of puyoging or whe	57	June 18, 19.47 , 10 August 3	1947
7. Birth date of	6.(c) It alive, give age51	and that I last saw h im alive on August 3.	19. 47
deceased (mo., day, yr.)	11, 1007	Immediate cause of death	OURATION
8. AGE: Yeare Months 77	Days tf less than one day 23hrsmin.	Asniration of food	15 Min
9. Birthplace Baltimore, M.	aryland	Due to	********************
(Town,	county, and state)	·	
10. Usual occupation Retired	Edwarter	Oue 10	
11. Industry or business 22	F Donaced School		
12. NamThomas L. Nort	h	Other conditions Dilatation and hypertrophy.	Unknown
	Maryland	of heart, slight. (Include pregnancy within 3 months of death)	
14 Maiden name	th	(Include pregnancy within 3 months of death)  Major fieldings of operations. Resection of cecum f.	077
14. Maiden name Virginia 15. Birthplace Virginia	The state of the s	earcinoma 3 days before deather of on	9.A
	7 77	Autopsy results Substantia ted above.	
	ords, Vets, Adm, Hosp,	PHYSICIAN: Please underline the cause to which death should be charged	
Address Fort Howard,	/}	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial (Burial, cremation, or removal. Which	Date thereof (month) (day) (year)	Accident, suicide, or homicide	
	to Evergelisel Refer		
	trace, M.L.	Injured at home farm, industry, public place (where?)	
18. Funeral director William	J. Tickner	Means of triury Injured at work?	
Address North & Pennsy	Ivania Aves, Balto., Nd.	Wobert M ( Illeron	
19. 8 - 4 1947	an Hedred	23 SIGNATURE R.M. CULLISON, M.D. CLIN M. D.	rother
19	Registrar	Address V.A.H. FORT HOWARD, WD. Date signed	



2411 N. Charles St., Baltimore

06818

CERT	CIFICATE OF DEATH Reg. Diat. No
County	VILY UI LOWA
4. Sex 5. Color or race 6.(a)Single, married, widowed, or	divorced MEDICAL CERTIFICATION
J. W. married	20. DATE OF DEATH acca. 15/47. 19 21.
6.(b) Name of husband or wife.  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If tess than one day	Immediate cause of death DURATH
9. Birthplace (Town, county, and state)  10. Usual occupation (Town, county, and state)	Due to.
11. Industry or business    12. Name   Frederick	Diher conditions
14. Maiden name Local Horney 15. Birthplace	Major findings of operations
Address 1229 Vogs a	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, eremation, or removal. Which?)  Bate thereof auf. (month) (di	
Location 3801 2 redución Red	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
18. Funeral director 1 Endrug H Durkete  Address 4/0/Endrug Advondson	Means of Injury Injured at work?
19. leng (8 19.47 Q.W.)	Registrar Address / 27 / 5/4 Paul A Bate stored 3/ 100

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# CERTIFICATE OF DEATH

Reg. Dist. No.

X		
	1. PLACE OF DEATH Ballinas & City or town Catons ville	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
1	(If outside city or town limits, write RURAL and give nearest town)	City or town
	How long in above place of death?	and or the second
	12 Melvin are	Street No
	How long in hospital or institution?	2.(a) It veteran, name war
	3. (a) FULL NAME Quequata Q	Cline EV 3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widewed, or divosed	MEDICAL CERTIFICATION
	of W Juny a	20. DATE OF DEATH. Ques 13 1947 215 P. M
		21. I REPRIFY that death occurred on the date above stated; that I attended deceased from
	6.(b) Name of husband or wite	July 2 18 47, 10 leg 12 194/
	7. Birth date of Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and that I last saw to 2 alive on Come 13 1947
1	8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
	P2 6 2	Chr. Thyocardetis / Mon
	a Birtholaca Many Can	and Haria Delegane.
	9. Birthplace	DUE 10.
1	10. Usual occupation.	Due to
	11. Industry or business	A DA
	E 12. Name Joseph Olm 2	Other conditions drewows of real
	a 13. Birthplace	(Include pregnancy within 8 months of death)
	14. Maiden name Office Ocean and	Major findings of operations.
	\$ 15. Birthplace toesmany	Date of op.
	16. Information of the state of	Autopsy results.
	Address 12 Mehrn are	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	17 Course al Bate thereat P-16-4)	22. VIOLENCE: It death was due to external causes, still in the tollowing:  Accident, suicide, or homicide
	(Burian cremation, or removal. Which?) (month) (day) (year)	Where did injury accur?
	Cemetery or crematory Comments of Comments	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
	Location	Means of Injury Injury Injury Injured at work?
	18. Funeral director Olyge Management	
	Address (dalous ville	23. SIGNATURE Dece Astoniel
	19. aug 15 194) Jearry W miller	M.D. or other

(1) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legible.

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2411 N. Charles St., Baltimore

#### CEPTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. NoT
1. PLACE OF DEATH  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)  Slate
J. (a) FULL NAME J. Romas Passupas	3. (b) Social Security Number
Male White Sough	MEDICAL CERTIFICATION  2D. DATE OF DEATH OUTGEST 7 19 47 21 7 1. N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 47.  and that I last saw h
9. Birthplace Maryland (Town, county, and state)  10. Usual occupation Strong Lecarder graph	Due to
11. Industry or business Forty luck Mill  12. Name Howard M. Passagae  13. Birthplace Maryland  14. Malden name Day for Joseph Land  15. Birthplace Maryland	Other conditions
16. Informani Mu Manage Manage Massage Address 820 + Sf Sparrows Of 17. Durish (Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Cemelery or crematory Illin Bults National Location Tulgazuk Wee  18. Funeral director John F. Kenny luc  Address J. S. Jegaf Street	Where did Injury occur? (City or town) (County)  Injured at home, tarm, industry, public place (where?)  Means of Injury  Injured at work?  No. D.
19. aug. 16 19 47 Mauren L. Farber (Date rech by registrar) Registrar	Address Spenious Point M. D. or other  Address Spenious Point M. Date signed 8/7/47

FOR BINDING RESERVED MARGIN PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

ect age



#### CERTIFICATE OF DEATH

2411 N. Charles St., Battimore 830					
CERTIFICA	ATE OF DEATH Reg. Dist. No. 33				
I. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
JUUIII J	state Maryland county Baltimore				
Oily or town	City or town.  Reisterstown (If outside city or town limits, write RURAL and give nearest town)  Street No.  Berryman's Lane				
Berryman's Lane Reisterstown	(If rural, give LOCATION)				
How long in hospital or institution?	2.(a) It veteran, name war				
3.(a) FULL NAME Mrs Maria Pierantozzi	3. (b) Social Security Number				
4. Sex F S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH				
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased to				
7. Birth date of August 14 1865					
8. AGE: Years   Months   Days   It less than one day	Immediaire capació death.				
9. Birthplace Offida Italy (Town, county, and state)	Due to as la constitue de la c				
1D. Usual occupation	Due to hyperlesson				
11. Industry or business    12. Name   Domenico Vallorani	& Lars prongrom				
F	e he heart.				
	(Include pregnancy within 8 months of death)				
	Major findings of operations.				
	Date of op.				
16. Intermant Mrs Jennie Vagnoni  Address Berryman's Lane Reisterstown	Actorsy results				
17. Burial Burial Date thereof Bugust 27. (Burial, eremation, or removal, Which?)	VIOLENCE: It death was due to external gauses, till in the tollowing:  Date of				
Cemetery or crematory All Saints Cemetery	Where did injury occur? (City or town) (County) (Stat				
Reisterstown Md	Injured at home, tarm, Industry, public place (where?)				
18. Funeral director Wm Berryman & Sons	Means of Injury Injured at Affice?				
Address Reisterstown Md	23. SIGNATURE AND DO COMMENT AND DO				
19. aug. 26- 19 47 Mary B. Elii (Date rec'd by registrar)	ne (18, 1/11 /200 /2011) 1/2				

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

	Reg. Dist. No.
1/PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Fort. Howard, Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh?	State Maryland Couply Baltimore County  City or town Baltimore Maryland (If outside city or town limits, write RURAL and give nearest town)  Street No. 809 Moodward Street, Baltos 30, Mds  (If rural, give LOCATION)  2.(a) If voteran, name war MW I
3. (a) FULL NAME HENRY W. POEHLITZ	3. (b) Social Security Number 215-09-4207
4. Sex 5. Color or raco 6.(a) Singlo, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(6) Namo of hueband or wife	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from  July 25
8. AGE: Yeare Monthe Daye If lees than one day 57 5 3	ized metastesis  Pathological simple fracture Rt.  Duo 10.  humerus  The original or primary sets of the casonina  was als definitely established. hast  likely primary sets would be the friday. (50/1/47-2.5)
12. Name Carl Pochlitz 13. Birthplace Germany 14. Maiden name Hart Rees 15. Sirthplace Saltimore, Maryland 16. Informant Clinical Records	Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address Vets. A dm. Hosp., Ft. Howard, Md.  11. Burial Date theroot 8/13/47  (Burial, cremation, or removal, Which?)  Cometery or crematory. Baltimore National Cemetery  Location Frederick Road, Baltimore, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. Violence: If death was due to external causes, till in the following:  Accident, suicide, or homicide
18. Funeral director George H. Leimbach  Address 525, N. Lyndhurst St., Balto. 29, Md.  19. St. Charles St., Balto. 29, Md.  19. Registrar	23. SIGNATURE  24. M. D. or thet  Addross J. J. Laward V.A. H. Managara eignod 10.000.9.4.

FOR BINDING MARGIN RESERVED ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly add legib

PLEASE WRITE

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

og Dist No 44

		CERTIFICAT	Reg. Dist. No.			
City or townFor  (16)  How long in above place Hospital, instilution, or  Vets. Ad.	imore t Howard outside city or town li e of death? r street address where m. Hosp., 1 r institulion? 61	mits, write RURAL and give nearest town)  death occurred:  Fort Howard, Md.  lays  W. PRICE	2. USUAL PESIDENCE (HOME) OF (For newborn infants give residence of m State Maryland Couc Abingdon (If outside city or town limits, Street No. (If rural, give I 2.(a) If veteran, name war WW I	write RURAL and give nesrest town)		
4. Sex	1 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Male	White	Married	20. DATE OF DEATH AUTUST			
7. Birth date of deceased (mo., day. 8. AGE: Year 51 9. Birthplace	yr.) 4-21-9 s   Months 3 Baltimore, (Town.) Policema	Days   If less than one day 20  hrsmin.	21. I CERTIFY that death occurred on the date above  June 10, 194  and that I last saw h im alive on Aug Immediate cause of death Sarcoma, undetermined with meta skull, ribs, and pleur Due to.  Differ conditions	7 to August 10 19 47 gust 10, 19 47 Primary site DURATION 10 ra months		
14. Malden name		rtz	(Include pregnancy within 8 m			
16. Informant	inical Recort Howard, wrial n. or removal Which? Cokesbu	ords, Vets. Adm. Hosp. Maryland	Autopsy results PHYSICIAN: Please underline the cause to whi  22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide Where did injury occur? (City or town) Injured at home farm, industry, public place (who	ich death should be charged statistically. ies, fill in the following:		
	ngdon, Mar 20 1947	Dawson L. Farber	23. SIGNATURA LANGUE TO Address Howard VA	Hosp Date signed aus (x)		

ADING INK. Supply every item of information carefully. In Physicians: please write the causes of death clearly and legit

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2411 N. Charles St., Baltimore

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	1 / 1	B B . B	1 . 1	2 1 4			

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g.	Dist.	No.	30

How long in above Hospital, Institution	DEATH: alto.  Catonsvi (If outside city or town its place of death? n, or street address where 620 North	ille mits, write F death occurred Bend 1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
3. (a) FULL N				3. (b) Social Section	
		1	ERNEST YEATON PYN		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White		Married	20. DATE OF DEATH Aug. 23,19.4	
	band or wile Edna	6.(	21. I CERTIFY that death occurred on the date above slated; that I attend		
	Years   Months	Days	Il less than one day	Immediate cause of death	
56	9	28	hrsml	· Comayocclusen	
10. Usual occupat  11. Industry or bus  12. Name	Salesmar Siness Paint Bu George Pyr Baltimo	usines	state) S	Oue to	
14. Maiden ni 15. Birthplace	Abbie Ye		•	(Include pregnancy within 8 months of descriptions	
Address	620 North Be	end Rd	eof 8/27/47 (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be cha	
	ation, or removal. Which?) ematoryLorrain		Where did injury occur?		
Location	Woodle	awn,M			
1B. Funeral direct	Balto., 1		Meens of Injury Injured at work?		
	26 1947	A	23. SIGNATURE M		

Re	og. Dist. No.
F DECEA	SED:
unty	Balto.
s, write RU	JRAL and give nearest town)
end Ro	1. 29
LOCATIO	N)

ocial Security Number

at I attended deceased from

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red at work?

(State)

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information carefully of death clearly and

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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<b>A</b>			CERTIFICA	ALE OF DEATH Reg. Diat. No.		
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED:		
				(For newborn Infants give residence of mother)  State Maryland County Baltimore		
City er tews(If o	Arbutus	Balto limits, write F	28 Md at the URAL and give nearest town)	···		
Hew leeg in above place	ef death?	***************************************	***************************************	City or town Arbutus. Baltimore-28. (If outside city or town limits, write RURAL and give	e nearest town)	
Hespital, Institution, er				Street No. 4400 Leeds Avenue	***********	
The second second second			***************************************	(11111)		
Hew long in hespital er  3. (a) FULL NAME				2.(a) If veteran, earne war. None		
3. (a) FULL NAME	Kath	ryn <b>Arabae</b>	G. Reid	3. (b) Social Secur	rity Number	
4. Sex	5. Ceier er race	6.(a)Singi	e, married, widewed, er diverced	MEDICAL CERTIFICATION		
F	W		Divorced	20. DATE OF DEATH AUgust 20 19 4	7 .1:30P.m	
			Reid			
7. Birth date of	T		c) If elive, give ageye	and that I last saw h er alive en not seen ali		
deceased (me., day, yr	l Months	9, 189	If tess than one day	Immediate cause of death		
	2	11	hrsm	Carbon Monoxide Poisoning	l hr.	
54				111.	***************************************	
9. BirthplaceB.	altimore	, county, and	itato)	Due te	***************************************	
10. Usual eccupation	Home				***************************************	
11. Industry er business				Due te		
12. Name	earne H.	Gleim	••••			
13. Birthplace	Balto. M	d.				
14. Maiden name 15. Birthplace	Gesina R	Gossm	an	(Include pregnancy within 3 months of death)		
O 15 Richniace	Bremen.			Major findings of operations.		
				NONE Bate of ep.		
	0		d, Jr.	Autopsy results		
Address 4400				22. VIOLENCE: If death was due to external causes, fill in the fellowing;		
(Burial, cremation.	or removal. Which	Date there	et 8/23/47 (month) (day) (year)	Accident, sutcide, er hemicide	8-20-147	
			m	Where did injury eccur 4400 Leeds Ave Art (City or town) (County)	utus, Md.	
					athroom)	
				Combon Monovide		
			SONS INC.	Poisoning	- med.	
Address Nort	h & Pa. A	ves. Ba	1 to. 17, Md.	23. SIGNATURE D. D. Eaples, M.	D' Exam	
19. 8-/2	3 19X 7	10	10 Ahren	M.	D. or other	
(Date rec'd by reg	istrar)		)/~ Registre	ar AddressReisterstown, Mary Landoute sign	ned 8-20-147	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

CERTIF	FICATE OF DEATH Reg. Diat. No. 70
1. PLACE OF DEATH:  County	State NaTY 12110 County DAL VINOTO RASPEDURG  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 4920 Hazelwood Ave  (If rural, give LOCATION)
3.(a) FULL NAME Lucy L Reinhardt	3. (b) Social Security Number None
4. Sei 5. Color or race 8. (a) Single, married, widowed, or divord.  Female White Married	MEDICAL CERTIFICATION
6.(b) Name of husband or wife. August Reinhardt  5.(c) If alive, give age	Immediate cause of death
9. Birthplace Baltimore City Md (Town, county, and state)  10. Usual occupation At Home  11. Industry or business	Due to Carlin - Vascular 5 yrs
12 Name John Wolfrum   13. Birthplace   Baltimore Md     14. Maiden name Annie Essmer   15. Birthplace   Germany   15. Birthplace   15. Birthplace   Germany   15. Birthplace   15. Birt	majar nagiagi ai operatiaai
16. Informant August Reinhardt  Address 4920 Hazelwood Ave	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof Aug 30 1  (Burial, cremation, or removat Which?)  Cemetery or crematory Parkwood  Location Baltimore Md	. Where did Injury occur? (City or town) (County) (State)
18. Funeral director Lassahn Junural H Address 7401 Belair Rd Balto 6 Md	23. SIGNATURE Michael J. Dauck M. D. or other Registrar Address / W. Quella One Oak signed 8/28/4

PLAINLY, WKTH UNFADING INK. Supply every item of information carefully. The career age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

MARGIN RESERVED FOR BINDING

Dr Buson

SEP 3 1947 BUREAU V.E.

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg.	Dist.	No.	

County Baltimore County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)  Monyrl and
City or town	State Maryland County *********  Baltimore  City or town (If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred: Mercy Villa	Street No. 1809 Thornbury road
How tong in hospital or institution? 2 yrs.	2.(a) It veteran, name war
3. (a) FULL NAME  NORA HARDEY ROGERS	3. (b) Social Security Number
4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced  Female White Widow	MEDICAL CERTIFICATION  20. DATE OF DEATH. Aug. 17
6.(b) Name of husband or wife Charles Arunah Rogers	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
T. Birth date of deceased (mo., day, yr.) Sept. 27, 1868	and that I last saw h., C.calive on
8. AGE: Years   Months   Days   It tess than one day	Immediate cause of death DURATION  Date be death following the first of the first o
Buckeystown, Frederick Co. Md. (Town, county, end state)	Due to
1D. Usual occupation	Due to
12. Name Dr. Thomas Edwards Hardey 13. Birthglace Maryland	Dither conditions
14. Malden name Catherine Weiner 15. Birthplace Maryland	(Include pregnoney within 8 months of death)  Major fiedings of operations
15. Birthplace Wall y Lally	Date of op.
Address 4 E. 32nd street	Actorsy resolts
Burial  (Burial, cremetion, or removel, Which?)  (Burial, cremetion, or removel, Which?)	22. VtOLENCE: tt death was due to externat causes, till in the toltowing:  Accident, suicide, or homicide
Cemetery St. Joseph's	Where did injury occur? (City or town) (County) (State)
Location Carrollton Manor, Frederick Co.	Injured at home, farm, industry, public place (where?)
Address // 8 M. Mt Royal ave	23. SIGNATURE J-D. Flym M. D. or other
19. Quy 9 19 47 Q W. Hegistrar Registrar	Address A C L St Date signed St St

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Dr. Philip Flynn 11 E. Chase street fund. The correct age and metally.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

30 G

1. PLACE OF DEATH:  Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
fity or town (If outside city or town limits, write RURAL and give nearest town)	State Mary land County And State	J. L.
How long in above place of death? Q days	City or town 5225 Kramme Avenue (If outside city or town limits, write RURAL and give ne	arest town)
Hospital, Institution, or street address where death occurred:	Street No. Baltimore-25.	***************************************
Spring Grove State Hospital  How long In hospital or Institution? 9 days	(If rural, give LOCATION)	
	2.(a) II veleran, name war	
3.(a) FULL NAME Anna Savitsky	3. (b) Social Security	Number
4. Sex FETALE 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white widowed	20. DATE DF DEATH August 27 19.47	11:55 p.m
6.(6) Name of husband or wife Stanley Savitsky 6.(6) If affive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended dece	2719.47
7. Birth date of deceased (mo., day, yr.) September 18-1891	and that I last saw h O.T alive on	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
55 11 210hrsmin.	Acute pylonephritis (organism undetermined)	
	Due to Generalized arteries cleretic	
(Town, county, and state)	oardiovascular-disease	
1D. Usual occupation Housewife	Due to	• • • • • • • • • • • • • • • • • • • •
11. Industry or business Home		
12. Name John Kluchinsky 13. Birthplace Li thuania	Other conditions	* *************************************
	(Include pregnancy within 3 months of death)	
14. Maiden name Margaret ? 15. Birthplace Lithuania	Major fieldings of operations	
15. Birthplace Lithuania		
16. Informant Hospital records	Autopsy results. none	
Address Catonsville-28, Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Burial Date thereof Sept 1-47 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Cemetery or crematory St Ludwigs-Frackville, Pa.	Where did injury occur?	
Location Frackville, Pa.	Injured at home, farm, industry, public place (where?)	
18. Funeral director F. B. Wippert & Son	Means of Injury tnjured at work?	
Address 1300 Eutaw Place, Balto-17-47	associal from	
	23. SIGNATURE Isadore Tuerk, M.D.	or other
19. Cluq. 28.19. 47 A.W. Hedrick (Date rec'd by registrar) Registrar		

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

(1682.) Reg. Diat. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Dallmore	70-1
City or lown (If outside only or town limits, write RURAL and give nearest town)	State Ma County Dallemore
How long in above place of death?	(if outside cipy or town limits, write RURAL and give pearest town)
Hospital, Institution, or street address where death occurred:	
	Street No. ) O Street No. O T. C. (15 rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Henera Schara	e enal
4. Sex   5. Color og race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION (4)
Fernale mobite massied	12 (140 0
semale vonce married	2D. DATE DE DEATH HUG 3 - 19 4 , at 7
6.(b) Name of husband or wife Osholl Scharous	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
./5	
7. Birth date of	and that I last baw halive on
deceased (mo., day, yr.) OCT, 10, 1900	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	May Velusin - m
476hrsmin.	
Questina	
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Pone	1
	Due to
11. industry or business	
12. Hame	Dther conditions
	(include pregnancy within 3 months of death)
14. Malden name Multusuru  15. Birthplace Lucknown	(include pregnancy within 3 months of death)
6 / / /	Major findings of operations.
	Date of op.
18. Informant MA Sourcell Scharoun	Autopsy results
Address 7/0/ Old North Got Ged	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Con	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory GREEN MOUNT	Whera did injury occur? (City or town) (County) (State)
Location GREENMOUNT + NORTH AVE	Injured al home, farm, Industry, public place (where?)
18. Funeral director SOHN F DENNY, INC.	Meens of Injury Injured at work?
Address 715 LIGHT 57 -30	1110 Davis min.
8-22- 117 A11 X/als:1	23. SIGNATURE M. D. Arother Med. D. Arother Med.
19. (Date rec'd by registrar) Rogistrar	Address Date signed S. M
	A Committee of the comm

2411 N. Charles St., Baltimore

66830

# CERTIFICATE OF DEATH

Reg. Diet. No. 9 3

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Baltimore	(For proper infants give residence of mother)
City or town Towson 4, Maryland	oldie
(If outside city or town fimits, write RUICAL and give nearest town)	City or town. Daltinos 20
	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:  Eudowood Sanatorium, Towson L, Md.	Street No.
Eudowood Dana cortum, towsou a, mo.	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) ti veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
HELEN SCHERE	Ruone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
$\tau$   $\omega$   $m$	20. DATE DE DEATH. Gugust 2 C 19 47 at 3,10 p
5.(b) Name of husband or wite Arthur L. Scherer, S.	21. I CERTIFY that death occurred on the date above stated; that J attended deceased from
	144417 447
8.(c) tt alive, give age 4 yea	and that I last saw her alive on any so I
7. Birth date of deceased (mo., day, yr.) Now 4. 1904	-
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
42 9 22 hrs.	Patricia de la posación la las
	- juimonary invercaions
9. Birtholace Potts ville, Va	Due to
House Wite	***************************************
10. Usual occupation House Wite	Due to.
t1. Industry or business own thome	
	Cither conditions
	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Tillie Bightlet  15. Birthplace Pottsville Pa	Major findings of operations.
S Is Righmian Datts Ville Da	
	not dove
Personal History - Hospital Records	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Eudowood Sanatorium, Towson 4. Md.	
12 Burish Bais Harred (very 29-47	22. VIOLENCE: tt death was due to external causes, fill in the tollowing;
17. Bural Dale thereof (200nth) (day) (year)	Accident, suicide, or homicide
Comeiery or crematory Eluciper Co	Where did injury occur? (City or town) (County) (State)
A of Man Donal	
Location Deligion	tnjured at home, farm, industry, public place (where?)
18. Funeral director John D. Connelly	Maans of Injury Injured at work?
11/6 6 +	( CB . D
Address 418 Gaslery Cut	7 23 SIGNATURE // II Dudges
(ive 27 7 47 John B. June De	M. D. or other
(Date so'd by registrar)  Registrar	Towson 4, Maryland Date signed \$-26-47

rrect age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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9-45-15

VS A15

correct age

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 921

# CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County January January	(For newtorn infants give residence of mother)
City or fown Addital Coult Manual fill at	State County County
City or fown Addition (If outside city or town limits, write RURAL and give hearest town)	City or fown (If outside of your jumps, write RURAL and give negrent fown)
How long in above place of death?	
nospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
(Robert Cloud	Soil
5. Poloc or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
the la till to thousing	A. C 47 1150
Har ware Harriell	20. DATE OF DEATH Aug 5 1997, 21 128 P M
B.(b) Name of husband or wife Sarah Tel Seles	21. I CERTIFY that death occurred on the date above stated; that I atjended deceased from
	June 9 1947 10 Aug 5 1941
7. Birth date of	and that I last saw h. I. M. allve on Aug 4 1977
deceased (mo., day, yr.) March 10, 1876	
8. AGE: Years   Months   Days   It less than one day	Cardiac delatation + failure Menutes
7/ # 25hrsmln.	Carearae accommunity factories
1 1 1 1 t	
9. Birthplace (Town, county, and state)	Oue to Antenio Schootic Cardeo
1) . [ .	vascular dispore c hypentrophy Zyeans
10. Usual occupation Catured	Que to
11, Industry or business	
	LETTER RECURSATATION ZMCS.
12. Name Solett E. Seob.	Other conditions Management 2005.
	(Include pregnancy within 8 months of death)
# 14. Maiden name / Arganet I Mc Dermott	
14. Maiden name Margaret a mc Dermott  15. Birthplace	Major findings of operations
15. Birtingiace	Oate ot op.
18. Informant	Aotopsy results
Address // Nol Koll (live).	PHYSICIAN: Please underline the caose to which death shoold he charged statistically.
Parental 8-7-47	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide
7 - 1 - 1 - 1	Where did injury occur?
Cemetery or crematory CLLCLOTTL CALLER	Where did injury occur?
Location Trescensia Goad	Injured at home, tarm, industry, public place (where?)
May book has	Meens of Injury Injured at work?
19. Funeral director	
Address /2/7 F. /aul St.	Toplan 100 Marios MI)
" ( una la : was Co cos Wedrick	23, SIGNATURE M. D. or other
19 American IS. J. Jan. Jan	Address 752 Fre Brick AVE Date signed 5 Aug 97
(Date rec'û by registrar) Registrar	AUDIESS. L

WRITE

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

66832 11/1

,			CERTIFICAT	OF DEATH Reg. Dist. No	74
How long in above pl Hospital, Institution, Vets. Ac	timore  It outside city or town I lace of death?	imits, write I	RURAL and give nearest town)	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)  State	arest town)
3. (a) FULL NA	ME			3. (b) Social Security	Number
4. Sex	FRANK C. SEN	ELL.	le, married, widowed, or divorced	MEDICAL CERTIFICATION	-
Male	Colored				7.77 5
Malle	Colored	No.	rried	20. DATE OF DEATH August 26 1947	
6.(b) Name of July			11	21. I CERTIFY that death occurred on the date above stated; that I attended dec.  August 22	
7. Birth date of		6.	(c) If alive, give ageyears	and that I last saw h im alive on August 26	19. 47
deceased (mo., da	ay, yr.) 4-2-88	3		Immediate cause of death.	
8. AGE: Y	ears   Months	Days	If less than one day	Occlusion of orifice of left	
59	1.	24	hrsmln.	coronary artery	Sudden
10. Usual occupation	on Fork Lifte	er Oper	ator	Due to Artic Arteriosclerosis and  Due to Artic Change in The  Due to Artic Change in	
13. Birthplace	Maryland			of viscera (Include pregnancy within 8 months of death)	
14. Maiden na	me Rose Sewel	1			
LOW AS Birtheless	Maryland			Major findings of operations.	***************************************
16. InformantCJ		rds, V	ets Adm. Hosp.	Actorsy resolts Substantiated above.  PHYSICIAN: Please coderline the cause to which death should be charged	
17. Bles. (Curial, cremat	tion, or removal, which	Date the	reof August 3/194)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	(State)
	man	B 000	i.	Injured at home, farm, Industry, public place (where?)	
Location	or Celmer	E. A	Bullock	Means of Injury Injured at work?	
Address 33	s'a Lewis	St.	the fe Share	of 23. SIGNATURE Robert M. Culling	
19. (Date rec) b	27- 19 4 /	) a	J. Harber	Address V.A. H. FORT HOWARD, AD. Date signed	

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C. Harris

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Reg. Dist. No...

(If outside city or town limits, write RURAL and give nearest town)

19 4) 21 10 A- W 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

DURATION

(Include pregnancy within 8 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(County) (State)

injured at work?

M. D. or other

2411 N. Charles St., Baltimore

66834

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Manyland County Baltimore
How long In hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME  VIRGINIA SIMMS	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   6.1 married   6.1 married	MEDICAL CERTIFICATION  20. DATE DE DEATHAugust
6.(b) Name of hueband or wife Thomas E. Simms  6.(c) II alive, give age yea deceased (mo., day, yr.)  June 23rd, 1864	21_LCERTIFY that death occurred on the date above stated: that Taltended deceased from
8. AGE: Years Months Days II less than one day  83 1 24	
1D. Usual occupation	Due to
Andrew J. Simms  13. Birthplace Baltimore County, Md.	(Include pregnancy within 3 months of death)
14. Maiden name Mary J. Bone 15. Birthplace Baltimore County, Md.	Major findings of operations.  Date of op.
16. Informant Mr. Thomas E. Simms  Address Notchcliff Road	Antopsy results
17 burial (Burial, cremation, or removal, Which?)  Cemelery or crematory. Waugh Chapel	22. VIOLENCE: II death was due to external causes, IIII in the following;  Accident, euicide, or homicide
Location Baltimore County, Md.  18. Funeral director Lassah Funeral Home	Injured at home, larm, Industry, public place (where?)  Meane of work?
Address / 7401 Belair Road	1000 matemm

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RECEIVED
AUG 29 1947
BURGAUVE

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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CERTITIO	Reg. Diat. No.
1. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stale County
City or town.  If outside city or town limits, write BURAL and give nearest town)  How long In above place of death? 2 2	City or town. (If outside city or town limits, write RURAL and give nearest town)
ospitai, Insiliulion, or street address where death occurred:	Street No. 1113 M. Jesse St. (Ifrural, give Ocation)
low long in hospital or Institution?	2.(a) It veleran, name war
3. (a) FULL NAME Elizabeth Snyder	3. (b) Social Security Number
f. Sex 5. Color or hat 6.(a) Single, married, widoweb, or divorced Widoweb	MEDICAL CERTIFICATION  20. DATE OF DEATH OUGSES 16 19 47 21 8 7
6.(b) Name of husband or wite William Lnycler	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  August 5 19 4 7 to Ougust 16 19 4
7. Birth date of deceased (mo., day, yr.) august 12, 1866	years and that I last saw h 2 alive on 2 19 4
8. AGE: Years Months Days If less than one dayhrs.	Condiae failere anda
9. Birthplace Boltimore Md. (Town, county, and state)	Due to Hypertensino condio - well
10. Usual occupation	Due to
11. Industry or business  12. Name Henry Reliment  13. Birthplace Gelmany	Other conditions Cerebral Removelage 3 was
1000 10 14 13	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
16. Informant Harris Readmant	Autopsy results. Non-A- PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address and Joseph tam spanows out	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?)  Cemetery or crematory  Cemetery or crematory	Accident, suicide, or homicide
Location adulf and	Injured at home, farm, industry, pub <sup>11</sup> c place (where?)
18. Funeral director. Selle Quila On	Means of Injury Injured at work?
Address 43 A Walfa St	23. SIGNATURE Olobette. tarber
19. (Data row) by registrary	strar Address Spanows Void md. Date signed 8/16/4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

Ralto.

(Date rec'd by registrar)

16 Fusting Ave

PLAINLY is especial

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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0	0	

Address 3300W. Worth Gre (16) ate signed 8/

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

#### CERTIFICATE OF DEATH

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- A	e	1	,	
100	y			

County Raiker

Reg. Dist. No.

How long In above p Hospital, institution	ace of dealh?or street address where Home In The	dealh occurred	URAL and give nearest town) i: Lursing Nome	City or town Baltimore (If outside city or tow Street No 3310 Moodlar (If rur 2.(a) If veteran, name war	nd Ave.	
3. (a) FULL NA	THE STATE OF THE S					ecurity Number
, (u) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			LAURA MARIA SOD	ERGREN	None	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICA	AL CERTIFICATIO	ON
F	W	W	idowed	2D. DATE OF DEATH Aug. 3, 1	1947	9:15 A
			Sodergrenye	21. I CERTIFY that death occur on the	date above stated; that I atten	nded deceased from 19 4 7
	ears   Months	Days	If less than one day	Cerebral	Lemondog	
83	7	2.	hrs m	" nith kung	herea	7 day
1D. Usual occupation of bus 11. Industry or bus	on		state)	Due to		n thou 7 yr
14. Maiden na 15. Birthplace 16. Intermant	Sweden  Vr. Carl J.	Soderg	Hultgren ren	major nadings of operations		ор
17Bur (Burial, crema	work Woodlard and Md	Date the	eof8/6/47 (month) (day) (year)	Where did injury occur?	Dale r town) (County) place (where?) Injured at w	of

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10.13	
9.4	

# PLEASE WRITE PEAL A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

pe	30

		CERTIFICAT	E OF DEATH	Reg. Diat. No.
City or town (11 o How long in above place Hospital, instillution, or Spring G	Balti Caton  Caton  of death? 1	more sville mits, write RURAL and give nearest town) r, ll months, 21 days death occurred: Hospital ar, ll months, 21 days	City or town Baltimore (If outside eity or town lim  Street No. 1804 East	Oliver Street.
4. Sex	5. Cotor or race	6.(a)Single, married, widowed, or divorced		CERTIFICATION
male	white	sing le	20 DATE DE DEATH August 8	- 19 47 at 1:30 a
6.(b) Name of husband  7. Birth date of deceased (mo., day, y	Danami		and that I last saw himalive on	19 47 to Aug 8 19 47
8. AGE: Years		Days if less than one day	Immediate cause of death	ascular Direce 3 yrs
80	7	15 hrs. min.	Chr Eardiss	chosis 2 ym
9. Birthplace  10. Usual occupation  11. industry or busines	Labore	eounty, and state)	Due to.	- 1 · 1 · 0 A
H 12 Name	Albert	Sommer	Other conditions	
13. Birthplace		Germany		
		nina? Faber	(Include pregnancy within	
16 Informant	Hospita	al records	Autopsy results	<u></u>
Address	Catons rial Bal	Date thereof. (month) (day) (year)  inity  to Md  and Cool Sne.	22. VIOLENCE: If death was due to external Accident, suicide, or homicide.  Whers did injury occur? (City or toy) Injured at home, farm, industry, public place	Date of 6/24/47  Proper State Hagh (County) (State) (Where?) Cathasselle, Ind Led injured at work?
Address	/2/7 St gistrar) 19 X 7	Foul of  Aw Hedred  De Registrar	23. SIGNATURE DID. Ea	ples M. D. Exount M. D. or other won, Jud Gate signed 8 - 5 - 47

PLEASE

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

66838

# CERTIFICATE OF DEATH

Reg. Diet. No.

City or town	altimare atansville. outeide city or town l e of deeth? r etreet eddress where	imits, write R	RURAL and give nearest town)	(If outside sity or town limits, write RURAL and give nearest town)
3. (a) FULL NAM	E			3. (b) Social Security Number
		Victo	e, married, widowed, or divorced	None
4. 801	5, Color or rece			MEDICAL CERTIFICATION
Female	White		Widowed	20. DATE OF DEATHANGUST 15th 19.47 st 3 20
	w) Januar	y 17 18		11 47 10 Claro 11 47
8. AGE1 Year	a Manths	Days	ti less then one day	
7	5 6	28	hro,	a. My acordial marffor Za
18. Usual eccupation 11. Industry or busine 12. Name	None  None  Homas Crou  Naryl  Frances  Maryl	ch and Colemand	an. (Daughter)	Other conditions  (Include pregnancy within 8 months of death)  Major findings of operations.  Bate 91 99.
17Buri (Burial, scemation Complety or Grama Location	al n, er remeval. Which My Ches Centrevi Wm. J. Ti North & P	n Bale then terfie lle.Md ckner	med August 18 194 (menth) (day) (year ld & Sons & vania Aves 1	Where did injury occur? (Gity of fown) (County) (State) injured at home, form, industry, public place (where?)

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No

City or town(1f or How long in above place Mospital, institution, or	Baltim Catons Itside city or town lim of death? 1 mo street address where de	ville hits, write R nth, 8 ealh occurred	URAL and give nearest town)  days  inital	(For newborn Infants give residence of a Maryland Course State Baltimore (14 outside city or town limits 2123 Maryland (15 rural, give	nother)  nly , write RURAL and give nea  Ave .	
			8 days	2.(a) It veleran, name war	_	V
3. (a) FULL NAME	Isaac Acie Su	mmerso	on		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	white		married	20. DATE DE DEATH August 12	19.447	, at 5 M
6.(b) Name of husband of 7. Birth date of deceased (mo., day, ye	June 21	6.(4	ewart61years	21. I CERTIFY that death occurred on the date abo at death 19 and that I last saw h	re stated; that I attended decer 	1947.
8. AGE: Years	Months	Days	It less than one day	Meningitis, (non-pur	ılent	48 hours
58	1	19	hrs min.			
10. Usual occupation 11. Industry or business	cabinet m	aker ness	ss Fork, Potters (	Due to Chronic arteriosol cardiovascular renal	erotio disease.	Indef.
13. Birthplace	Pennsylva Nancy Mil	nia L ler	eida, Potters Co.	Differ conditions. Sclerotic cord.  Cerebral Vascular accommodate of the conditions of operations.	hygroma evac	uated.
	epital rec		d.	Autopsy resolts	nich death shoold be charged	0.11.11.
17. Buria		Date ther	eot Aug. 15, 1947	22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	Date of	
			alto. Co. Md.	Injured at home, farm, Industry, public place (wi		
			Company	Means ot injury	Injured at work?	
	08 W. Nort	/	Balto1, Md.	23. SIGNATURE Dr D. D. E	M. D.  M. D.  M. D.  M. D.  M. Date signed.	1. Exam. or other 9-12-47.

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Balto - 18 mg

	CERTIFICA	L OI BEATH	Reg. Diat. No.
1. PLACE OF DEATH: Baltimore		2. USUAL RESIDENCE (HOME) ( (For newhorn infants give residence of	
City or town Rogers For (If outside city or town limi)  How long in above place of death? 20  Hospital Institution, or street address where death	ge  St, write RURAL and give nearest town)  Ugers  Verse  Jeans	City or town Rogers For	ge ts, write RURAL and give nearest town) Road
526 Dunkirk Road How tong in hospital or Institution?	***************************************		ve LOCATION)
3. (a) FULL NAME			3. (b) Social Security Number
	. SUMMERSON		none
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	CERTIFICATION
female white	married		t, 1947, at 4:30P
7 Distribution of		21. I CERTIFY that death occurred on the date at a same and that I last saw h S. R. alive on	bove stated: that I attended deceased from 19.4.7. to Aug. 19.4.7. 19.
deceased (mo., day, yr.) May 30	th, 1906		
8. AGE: Years Months 41 2	Days It less than one day	Immediate cause of death	Dilatation 14h
10. Usual occupation	lina unty, and state) fe		Endo- myseasiles Lie 20.4.1
12. Name Calvin Kar	nes	Other conditions	
	Walker	(Include pregnancy within a	
16. Informant Mr. Chas. O. Address 526 Dunkirk	Summerson Road	Actopsy resolts	which death should be charged atatistically.
	Date thereof. Aug. 4, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external c Accident, suicide, or homicide	Date of
Location Baltimore,	Md.	Injured at home, farm, Industry, public place (	(where?)
18. Funeral director	r Rodo /		JE Sanlan h
19 all 9 3 1947	Charles and	M. SIGNATURE 3013 Useen	M. Dorother,

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

WRITE

PLEASE

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he correct age

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SEP. 2 1947

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## MARYLAND STATE DEPARTMENT OF HEALTH

06841 P.

Rec			111
12	Reg.	Dist.	No.

2411 N. C	herles St., Beltimore 94 ov
CERTIFIC	CATE OF DEATH Reg. Diat. No.
County City or town Programmer County City or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street polyees where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For rewborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write KURAL and give nearest town)  Street M. 4.2.8  (If rural, give LOCATION)
How long in hospitat or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME achres Ter	3. (b) Social Security Number
Male of Maricel Maricel	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date about stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one dayhrs.	Immediate cause of death DURATIO
9. Birthplace	Oue to
10. Usual occupation	Due to
12. Name Ulyner Way	Other conditions
14. Maiden name. Della Fitzglald  15. Birthplace  Vu	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Classic Telegraph	Oate of op
Address  17. Beauty (Burial, cremation, or removal, Which?)  Oate thereol (month) I(day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory Med Color Company	Where did injury occur?
Location Print 9. E00 sart 4 DA	Maans of Injury Injured at work?
Address 1129 n. Carline St	- mloning months of min
19. 8.14 1943 a. V. Nedick	23. SIGNATURE Deputy medical Deputy and India signed
(Date rec'd by registrar) Regis	strar   Address

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1		A .	1	

# CERTIFICATE OF DEATH

Reg.	Diat.	No
------	-------	----

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
				URAL and give nearest town)	State Virginia County  City or town Tangier  (If outside city or town limits, write RURAL and give nearest town)			
How long in ab	ove place of	death? eet address whe	re death occurred				Write KUKAL and give ne	arest town)
Veters	Hospital, Institution, or street address where death occurred: Veterans Hospital, Fort H ward, Id.  How long in hospital or institution?  183 days				Street No			
3. (a) FULI	LNAME	JOHN C.	THOMAS				3. (b) Social Security 229-16-01	
4. Sex	5	. Color or race		, married, widowed, or divorced		MEDICAL CE	RTIFICATION	
Male		White	10	arried	20. DATE OF DEATH	August L	4, 19.47	3:00A
				Thomas  If allve, give age 43 years	21. I CERTIFY that death oc	curred on the date above	stated; that lattended deco	24.3. 19.4.7.
7. Birth date o	no., day, yr.)		er 27,		Immediate cause of death.			DURATION
8. AGE:	Years 45	Months 9	0ays	If less than one dayhrsmin.	Tuberculosi	s, pulmona	ry, chronic,	6.105.
10. Usual occ 11. Industry o ELL 12. Name	Joh	Deisel	Engine	tate) er	Due to			20 Yrs.
14. Malden name Emma Crochet Virginia					(Include pregnancy within 3 months of death)  Major fiedings of operations.  Date of op.			
16. Informant			Records rd, Id.	, Vets. Adm. Hosp.	PHYSICIAN: Please onder	rline the caose to which	ch death should be charged	
17(Burial, co	r crematory.		Date there has been compared to the compared t	eof (morth) (day) (year)	Where did Injury occur?	(City or town)	es, fill in the following;	(State)
18. Funeral director of Loward H. Hellbard Address 306 Main St. Busheld				Helbord St. Bufuld	Msans of Injury Injured at work?  A Robert M. Collison			
19	c'd by regis	19	2 4	L. W. Heller	R. M.		M.D. CLIM.D. Date signed	

VS A15

MARYLAND	STATE	DEPARTMENT	OF	
:	2411 N. CI	narles St., Baltimor		93d

06843 P

# CERTIFICATE OF DEATH

PC		0.24
	Diat.	No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore	State Md County Baltimore Citu		
City or town. C. 4. + O.17. S. V. 1.11 C. (If outside city or town timits, write RURAL and give nearest town)			
How long in above place of death? 10 770 774 14 Days	City or town B 4 11 173 0 F C (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 3 4 Pland Rd		
Hoorlen Lodge	(If rural, give LOCATION)		
How long in hospital or institution? 10 months 140eys	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Tda Loving Turner  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MONE		
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH. AUGUST 20 1947 at 11.01 PM		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	October 6 1946, to August 201947		
7. Birth date of	and that I last saw h. R.M. alive on August 20 13 47		
deceased (mo., day, yr.) March 28 1856	Immediats cause of death		
8. AGE: Years Months Days It less than one day	Anrenio seletorie Candio-		
91 4Mos 23hrsmin.	Vaseular Disease 10 YRS+		
9. Birthplace	Due to		
1D. Usual occupation //ouse wife			
	Due to.		
11. Industry or business	9 9		
12. Name. Christa pher B Louing  13. Birthplace Mississippi	Other conditions O. A. V. L. T. T.		
	(Include pregnancy within 8 months of death)		
7 , , ,	Major findings of operations.		
15. Birthplace Mississippl	Date of op.		
16. Informant JK dundry	Antopsy results		
Address Hoorlem Lodge, Catonsville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
10.	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
(Rurial, cremation, or removal Which?)  Oate thereof, (day), (fear)	Accident, suicide, or homicide		
Cemetery or crematery	Where did injury occur?		
Location Salkering Mich	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	Means of Injury Injured et work?		
The state of the s	53 / 1440		
Address 12/4 f 2014 N-0	23. SIGNATURE		
19. Date ger'd by registrar)	Address 3 6 2 9 E MON CSON - 25 Date signed \$/E0/47		

DURATION

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		CERTIFICA	TE OF DEATH	Reg. Dist. No.
How long in above place Hospital, institution, o 3216	Hale thorpe outside city or town lim e of death? r street address where do Rosalie Rd.	its, write RURAL and give nearest town)	Street No. 3216 Rosali	mother)  Julia  s, write RURAL and give nearest town)  R. R  E (DOCATION)
3. (a) FULL NAM	E	HARRY VANDAL		3. (b) Social Security Number 213-03-1162
4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
male	white	married	2D, DATE OF DEATH	g. 29, 19 47 al 247
7. Birth date of deceased (mo., day, 8. AGE: 66 9. Birthplace	yr.) Se  yr.	Javy	21. I CERTIFY that death occurred on the date about are and that I last saw h	celusion  Lles sloval
12. Name	Louis vanda Canada	1	Dther conditions	
Part Control of the C			(Include pregnancy within 3	months of desth)
HLOW 15. Birthplace			Major fiedings of operations	
🗵 15. Birthplace	Canad	la		Dale of op
Address  17	3216 Rosal ial n, or removal. Which?) lory Bal	ltimore National Cem. alto., Md.	PHYSICIAN: Please underline the cause to w  22. VIOLENCE: If death was due to external ca  Accident, suicide, or homicide	uses, fill in the following;  Dale of
19. (Date red by r	egistrar) 19 4	Registr	ar Address / 010 Reeds	and Date signed skall

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ADING INK. Supply every item of information carefully. The oppositions: please write the causes of death clearly and legibly

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2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:  County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Catonsville 28. Maryland	State Maryland County Prince George's		
City or town Catonsville 28, Maryland (If outside city or town limits, write RURAL and give nearest town)	City or town Capitol Heights (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 1 mo 27 das			
Hospital institution, or street address where death occurred: Spring Grove State Hospital	Street No. 422 57th Avenue		
How long in hospital or institution? 1 mo. 27 das.	2.(a) tf veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Rena E. Vernon			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
f w married	20. DATE OF DEATH August 1, 19. 47, 21 3:00 a N		
5.(b) Name of husband or wife Robert G. Vernon	21. I CERTIFY that death occurred on the date above etated; that t attended deceased from		
	June 5, 19 47 to August 1, 19 47		
7. Birth date of deceased (mo., day, yr.) December 5, 1889	and that I last eaw h. er alive on August 1, 19 47		
deceased (mo., day, yr.) December 5, 1889  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death		
57 7 27hrsmin	Bilateral lobar pneumonia 20 hrs		
9. Birthplace Pennsylvania (Town, county, and state) Housewife	Due to Generalized cardiovascular dis- ease indef		
10. Usual occupation	Due to		
≝ 12. Name George Staub	Dither conditions		
13. Birthplace unknown			
14. Maiden name Mary Jane Roach	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
15. Birthplace unknown	— Date of op.		
16. Informant Hospital Records	Antopsy results		
Address Catonsville 28, Maryland			
17. Date thereot (mynth) (day) (year)	22. VIOLENCE: If death wae due to external causes, fill in the following;		
17. (Buriul, cremation, or repoval, Which?)  Date thereot. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Ledan Heir Mich	Where did injury occur?		
Location New Waskington DC	Injured at home, farm, industry, public place (where?)		
118 48 18 19 19 19 19 19	Meane of Injury tnjured at work?		
18. Funeral director	Deele June		
Address Washington D.	23 SIGNATURE Isadore Tuerk, M. D.		
1. 8/2 1.47 (1.W. Hedred	M. D. or other		
(Date rec'd by registrar) Registra	Address Catonsville 28, Maryland Date signed 8/1/47		

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2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Daltimore City or town Catomirle	State maryland county Waltimore		
(If autoide sites on town limits write BURAL and give negreet town)	" to sill		
low long in above place of death? 29 Glara	(if outside city or town limits, write RURAL and give nearest town)		
lospital, Institution, or street address where death occurred:	Street No. 519 Hillow ave		
	(If rural, give LOCATION)		
low long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
FRANK W. VORDEMBE.	RGE		
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20, DATE DE DEATH Aug 9 1947 at 134		
AMELIA E VARDEMRI			
S.(b) Name of husband or wife AMELIA E. VORDEMBE	Character and Aug a		
	ars anothal I last saw he say alive on dug - 4 - 19.5		
1. Birth date of deceased (mo., day, yr.) 4 E. D. 1, 1867	~ /		
8. AGE: Years Months Days If less than one day	Immedia cause of death DURATI		
80 7 0hrs.	in the Later beautiful		
	min faste min good		
9. Birthplace Marylund (Town, county) and state)	Due to Metastas to tung		
10. Usual occupation OT steres			
	Due to		
11. industry or business wholesale drugo			
12. Name HERMAN VORDEMBERGE	Diher conditions		
13. Rithplace Germany	(include pregnancy within 3 months of death)		
14. Maiden name MARGARET E. BODIE			
15. Birthplace Germany	Major findings of operations.		
MAGIA EALOODENDEARE	Date of op.		
16, Information 7	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 199 glow ove Calouselle	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burish cremation, or removal Which)  Date thereof (ground) (day) (year)			
	Accident, suicide, or homicide		
Cemelery or crematory / estern) consterns	Where did Injury occur?(City or town) (County) (State)		
Location Balto Dud	injured at home, farm, industry, public place (where?)		
El han helle	Means of Injury Injured at work?		
18. Funeral director Swall of Mac Mac	- // h. 1/2 · 5, 1		
Address Catonsville Md.	// // Herring Mix		
	23. SIGNATURE		

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### 2411 N. Charles St., Baltimore

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06847 P.

### CERTIFICATE OF DEATH

130		
Reg.	Diat.	No

4			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
County Baltman	State Maryland County Baltimore		
City or town	V CONTRACTOR OF THE CONTRACTOR		
How long in above place of death?	City or townBal_timore		
Hospital, Institution, or street address where death occurred:	Street No. 2001 Park Ave.		
Amount hurring I to	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
William E. WAITON			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W W	20. DATE DF DEATH. 19.47 21.5 P. M		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	21. I DENTIFY that bear occurred by the date above states; that rate have become them.		
6.(c) If alive, give ageyears	and that I last saw he wont alive on Tuged of 19 47		
7. Birth date of deceased (mo., day, yr.) April 8 1851	Immediate cappe of death DURATION		
8. AGE: Years   Months   Days   11 less Ihan one day	Immediate case of train - Renginalry Fulan		
96 3 23hrsmin.			
	Due to Syspertensine Cardio		
9. Birihplace Harford Co. Maryland (Town, county, and atate)	I vascular disease		
10. Usual occupationReal estate Broker Retired	Due to. 10/22/47 9.5.		
11. Industry or business	DUE 10		
	Other conditions		
e mai y tand	(Include pregnancy within 3 months of death)		
E 14. Malden name Eliz. Hopkins	Major findings of operations		
E 15. Birthplace Harford Co. Maryland	Date of op.		
16. Informant	Autopsy results		
Address 320 Gettings Ave.	PHYSICIAN: Please noderline the cause to which death should be charged statistically.		
Aug. 6/47	22. VIOLENCE: 11 death was due to external causes, 1111 in the following;		
17. Punial Date thereof Aug. 6/47 (Burfal, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory Friend's Cemetery	Where did injury occur? (City or town) (County) (State)		
Location Harford Rd.	Injured at home, farm, industry, public place (where?)		
1. In a Brille helle In	Meens of Injury Injured at work?		
18. Funeral director	0-111)		
Address 1900 Eutaw Place	as aller ( lestrant the long to p		
10 / 1/1/1/1/	23. SIGNATURE. M. D. or other		
19. (Date red by registrar)  19. (Date red by registrar)	Address 5411 Trans Cont Date signed 8/4/47		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The creek age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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1. PLACE OF DEATH:

3. (a) FULL NAME

6.(b) Namo of husband or wife.

Years

4. Sex

7. Birth date of doceased (mo., day, yr.)

8. AGE:

County GALTIMORE

How long in above place of death?.....

Hospital, Institution, or street address where death occurred;

How long to hospital or institution?....

5. Color or race

Months

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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(State)

Injured at work?

40

### CERTIFICAT

E OF DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HOME) OF (For newborn infante give residence of m	DECEASED:
State MD Count	iy
	Write RURAL and give nearest town)
Street No. 262/ V. (If rural, give L	CALUERT ST.
2.(a) if veteran, name war	
WATKINS	3. (b) Social Security Number
MEDICAL CE	RTIFICATION
20. DATE OF DEATH. AUGUST	26, 19 47, at 10:50 AM
21. I CERTIFY that death occurred on the date above	7, 10 aug 26, 1947
and thet I last saw h. A. alive on	75 1947
Immediate cause of death	1 WLR
5 74	
Due to Sems my berr	· gr
Due sarterio selerolu.	2 3 yre
***************************************	

9. Birthplace CHESTERTOWN MD. (Town, county, and state)
1D. Usual occupation
11. Industry or business
12. Name CAMES BRICE  13. Birtholace CHESTERTOWN, MD.
# 14. Maiden name CATHERINE NILMER
\$1 15. Birthplace VOFEN TINE CO.
18. informant MR. WILMER WATKINS
Address 723 S. CHARLES ST.
17. Burlol, cremation, or removal, Which?)  Date fhereof 8 28 47 (month) (day) (year)
Cemetery or crematory. DRUID KIDGE
Locallon PRESULLE
18. Funeral director SOHN F DENNY, INC.
Address 715 LIGHT ST., -30
19. S/27 1977 4 W Nedrica Registrar

ANNES LE (If outside city or town limite, write RURAL and give nearest town)

Days

6.(a) Single, married, widowed, or divorced

WIDOWED

.6.(c) if alive, give age .....

.....hrs.

if less than one day

22. VIOLENCE: II death wa	is une to external couses, and in the	tollowing,
Accident, suicide, or homicid	e	Date of
Where did injury occur?	(City or town) (C	ounty)

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Injured	at nome,	Taim,	industry,	public	place	(where?)	
Manne	ad talante		//				

Major findings of operations.....

23. SIGNATUR M. D. or other

de Hankins

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

	108. 512.110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
	State Maryland county Galtimare
City or town	City or town (if outside city or town limits, write RURAL and give nearest town)
How long in above place of dealh? 25 Jeans Hospital, Institution, or streef address where death occurred:	Street 80. / 80 / Hom berg out
	Street RO
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Frank a. Welley	217-03-1438
4. Sex   5. Color or ruce   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Separated	20. DATE OF DEATH august 17 19 47 at M
8.(b) Name of husband or wife	2f. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 19 19 19 19 19 19 19 19 19 19 19 19 1
7. Birth date of deceased (mo., day, yr.) Sep. 29 1883	and the f I last saw h. M. alive on
8. AGE: Yeara Months Days It less than one day	lille linder Arg. 18=
64mlr	1.
8. Birthplace Branistee muchagan	Due to Sec - C-V- Dislose
(Town, county, and state)  10. Usual occupation Bush Jayly	
f1. industry or business	Due to
	Dither conditions
12. Name Thomas Willey  13. Birthplace Poland	
# 14. Maiden name Isaury	(Include pregnancy within 3 months of death)
14. Maiden name Irany 15. Birthplace Poland	Major findings of operations.
18. Interment Horard Weber by	Autopsy results.
Address 1801 Homberg and	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17. Barial, cromation, or removal. Which?)  Date thereof S - 20 - 47  (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory ) a wind Heart of Mary C	Where did injury occur?
Location Baltaguare Causty	Injured af home, farm, industry, public place (where?)
18. Funeral director John ha Welvey	Means of injury Injured at work?
Address 40 D. Chester Street	Marry's man.
Buch and O W. Holder	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) Registra	Address Make Mo - Dudlic - W ( ) + )

UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

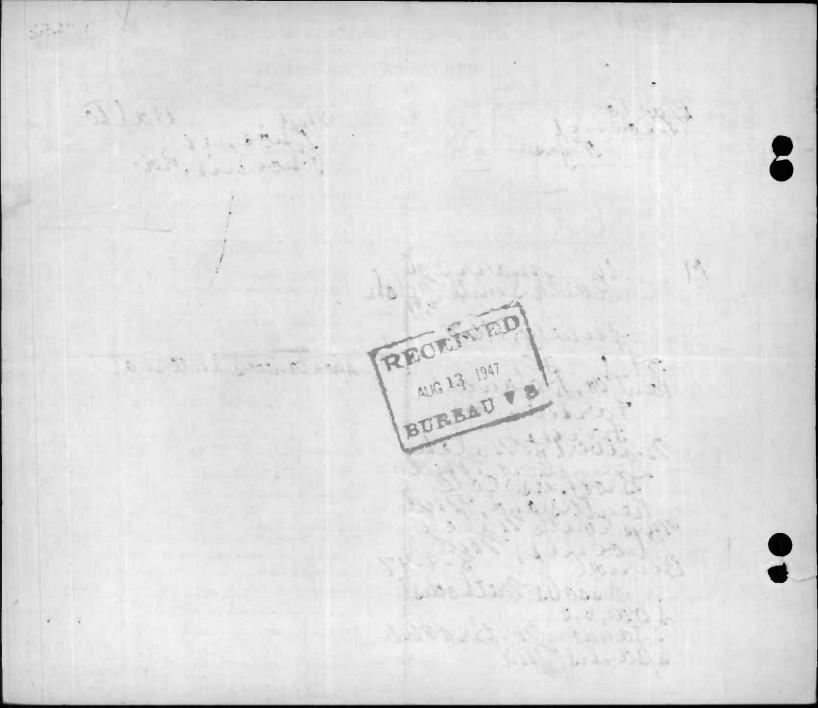
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### CERTIFICATE OF DEATH

Diat. No. 39

/		Reg. Diac. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DEC	EASED:
County County	State Mark County L	sallo.
(If outside city or town whits, write RURAL and give nearest town)	1100.0	
How long in above place of death? 5 3944	City or town.	KURAL and give nearest town)
Hospital, institution, or street address whire death occurred:	Street No. Thoesas J.	el.
	(If rural, give LOCA	TION)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	11/2/2/	(b) Social Security Number
Hugh James Henry	Wetch -	
4. Sex 5. Color or race 6.(A) Single, married, with wed, or divorted	MEDICAL CERT	FICATION
M W married	20. DATE OF DEATH	6 1947 at 11 P.
Gdith Xm Howal	21. I CERTIFY that death occurred on the date above etate	
6,(b) Name of husband or wife	//,	
6.(c) If alive, give age	years aed that I last eaw halive on	
7. Birth date of deceased (mo., day, yr.) Aug (6: 1908)	4.0 //	DIRATIAN
8. AGE: Yeare Months Days If less than one day	Immediais cause if death	8/2/11
39 1 20 mm. hrs.	min.	-1.11
V Ton Roller in	Apouramong rune	
9. Birthplace. 2011 (Town, county, and state)	Oue to.	
Hara de la		
10. Usual occupation	Due to	
11. Industry or businese		
12. Name Mallocal J. Welling	Other conditions.	4 400
12. Name / Sold Sold Sold Sold Sold Sold Sold Sold	Chrity	20 yn+
	(Include pregnancy within 3 months	of death)
14. Malden name De Control	Major findings of operations	
2 15. Birthplace Boul Charles, file.		Oate of op
16. Informan Phys. Educy Welch	Autopsy results	
All to DIA	PHYSICIAN: Please underline the cause to which de	// /
Address Mockey 3-9-U	22. VIOLENCE: If death was due to external causes, fi	il in the following:
(Burinf, cremation, or removal, Which?)	Accident, suicide, or homicide	Date of
Was late / MOTH ARCA!	Where did Injury occur?(City or town)	
Cemetery or cramatory		
Location Control Control	injured at home, farm, industry, public place (where?)	
18. Funeral direction January Duck Brooks	Means of Injury	Injurged at work?
1 how. 1 1 Mind	(2.01- 21)	Van MIXI DMF
Address Special, Ma	23. SIGNATURE AND WILL DA	101. 1/. 1/. 1/. 1/. 1/. 1/. 1/. 1/. 1/. 1
19 8/8 1947 anna Pric	tame In 1	8/2/42
19. (Date rec'd by registrar) Reg	istrar Address www.	



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WAKTLAND	SIAIL	DEPARTMENT	171	Hr.Al. I H

2411 N. Charles St., Baltimore

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Reg. Diat. No.

CEI	DTI	CI	CA	TE .	OF	DEA	TL
CE	KII	rI	LA	I E.	Ur	$U \mathbf{E} A$	

. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowhorn infants give residence of mother)	
				State Maryland County	
low long in above place	death? 51	Days	URAL and give nearest town)	City or town 1302 Ashbury Road Belt (If outside city or town limits, write RURAL and give	o., 7, Md.
dospital, institution, or	street address when	e death occurred	:	Street No. / See above.	
			ard, Md.		V
		Days		2.(a) If veteran, name war Will-I	
3. (a) FULL NAME				3. (b) Social Secur	rity Number
	WALT	ER T. W		Unkr	nown
4. Sex	5. Color or race	6.(a)Singt	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White		Married	20. DATE DF DEATH August 13. 19.4	7 ,a. 3:22 A
6.(b) Name of hysband	wifeMami	e E. Wh	itty	21. I CERTIFY that death occurred on the date above stated; that I attended	
		6.(	c) If alive, give age58year	June 23, 19.47 to August rs and that I last saw h im alive on August 13,	
7. Birth date of deceased (mo., day, y	, 11-13	-1889			
8. AGE: Years	Months	Days	It less than one day	Carcinoma of cecum with multiple	DURATION 1 Yr.
5'	7 9	0	hrsmir		plus
D :		M	-		gridt Mill
9. BirthplaceD2.	(Tow	n, county, and	dstate)	Due to	***************************************
In Usual occupation	Edgewood	RArsnel	***************************************		********
11. Industry or business				Due 10	
			***************************************	Dither conditions	********
E	Ireland	7. W. W. J	***************************************		***************************************
E. 13. Birthplace				(Include pregnancy within 3 months of death)	
Last 1		rigan		Major findings of operations.	
15. Birthplace				Date of op,	
16. Informant Cli	nical Rec	eords, V	ets. Adm. Hosp.	Autopsy results	
Address For	t Howard,	Maryla	nd	PHYSICIAN: Please underline the cause to which death should be char	rged statistically.
			0/10/12	22. VIOLENCE: it death was due to external causes, till in the following:	13-33-11
17. Burial.	or removal. Whic		eol		•••••
Cemetery or cremato	, Baltimo	ore Nati	onal Cemetery	Where did injury occur?	(State)
	Baltimo	ore. Md.		Injured at home farm, industry, public place (where?)	
Location				All and the second of work?	
1B. Funeral director	Polti	rore	& Sons Inc.		
Address	Da I CI	more, n	1. North & Pa. Av		
. 2 . V	40	17 /	Whelmih	23. SIGNATURE TO A COLLING M. D. CLIIM	Destother
19. Bute rec'd by re	ristrar)	intern Later	Registra	Address V.A.H. FORT HOWARD, MD. Dale sig	gned 8-13-47

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

			V
Reg.	Dist.	No.	7

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Official County	State MA County County
City or town	40110
How long in above place of death?	City or lown
Hospital, Institution, or street, address where death occurred:	Street No. 6814 Holaberd acc.
6814 Polances race.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
anna K.M	ellis
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
T W M	20. DATE OF DEATH AUGUST 8 1947 at 5:15PM
8.(b) Name of husband or wife Frank & Willis	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	MAY 1947, to AUG 8 1947
7. Birth date of	and that I last saw h. A. alive on A. S. S. T. 8 1942
deceased (mo., day, yr.)  8 A.C.F. Years   Mooths   Days   If less than one day	Immediate cause of death
12 0 10	CORONARY THROMBOSIS -
63 9 10hrsmie.	
8. Birthplace	Due to HY PERTENSIVE AND
(Town, country and state)	ARTERIOSCLEROTIC C. VASC. DIS. ?
10. Usual occupation.	Due to
11. Industry or busin ss	
12. Name Albanes Curape	Other conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name Almue C. Hekenberg 15. Birthpiace	
O I 15. Birthplace	Major findings of operations
ma trank & Willi	Autopsy results.
16. Informant 100: 1100:	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address 6814 - Palavid rus.	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?)  Date thereol (month) (day) (year)	Accident, suicide, or homicide
marela e ful	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location	Injured at homo, 1arm, Industry, public place (where?)
18. Funeral director & Conarage & Ruck	Moans of injury injured at work?
Address 5305 Startond Rd. M.	Stephen C. mackowith
Ch. 42/ RAD 14 1.	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)  Registrar	Address 67,4 Holabord we Date signed 8/8/47

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

32

	Reg. Diat. No.	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For no down infants give residence of mother)	
City or fown. Description	State County County	7)
City or fown	City or town	t town)
Hospital Astitution, or street address where death Accorded:	Street No. (Clup (Ifroral, give LOCATION)	•
How long in hospital or institution?	2.(a) If veleran, name war.	
3. (a) FULL NAME Toruse S' Wils	3. (b) Social Security Nu	mber
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
+ w. Widow	20. DATE OF DEATH. (119 3/, 18 4/, at	2 A.
8.(b) Name of husband or wife 05 16. Wilson	21. I CERTIFY that death occurred on the date above stated: that I atlended deceased	
8.(c) If alive, give age years	## fhat I last saw h & F. alive on	110
7. Birth date of deceased (mo., day, yr.) Jan 11. 1877	Immediate cause of death.	DURATION
8. AGE: Years Months Days If less than one day	1) - anteni - Schenoti	
10 efhrsmin.	Cardir Varaly Steren	2 20
9. Birthplace	Due to	
10. Usual occupation.	Buo da	***************************************
11. Industry or business 1	Due to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12. Name	Other conditions - Disabeting	3 yrs
13. Birihplace ) Alluluy	(Include pregnancy within 3 months of death)	•
14. Malden name Marg. Cellse 15. Birthplace Summer.	Major findings of operations	
15. Birthplace Summer.	Dale of op.	200000000000000000000000000000000000000
16. Informant / Cleards,	Autopsy results.	**************************************
Address Clugsburg Low	PHYSICIAN: Please underline the cause to which death should be charged state	nsucany.
(Burial, cremation, of removal Which?) The thereon (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
(Burial, cremation, of remove Which?)  Cemetery or crematory.  (match) (day) (year)	Land to the state of the state	State)
Location Purth Clove	Injured at home, farm, Industry, public place (where?)	
/ Ween and XVIII	Means of Injury Injured at work?	
18. Funeral director Address 6067 HARFORD Pd.	: 3. 1 1 1h. L.	
19 Sept 2 19 47 Q.W. Hedrech	23. SIGNATURE M. D. or of	1 /2 /1
(Date red d by registrar) Registrar	Address Date signed	9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants, give residence of mother)
County Bacto Co	County Dack Co
(If outside city or town limits, write RURAL and give nearest town)	The state of the s
How long In above place of death?	(If outside city or town limits, The RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Sireet Ho.
N	(If rural, give LOCATION)
How long In hospilal or Instilulion?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Willeam R Wolfe	
4. Sex 5. Color or race 6.(d) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w Widow	20. DATE OF DEATH CLUSSES 12 1947, 21 10 Q: M
	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
6.(b) Name of husband or wife	manh 15 194/ to Ougus 12 1947
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)  8 A.G.F. Years   Months   Days   It less than one day	Immediate cause of death
0. 700.	Mycardial Door pensaling 2 ms
63 hrs	and Chinesey Fibrillation
9. Birthplace Many Council.	Due to Can A fellers Carbles -
10 Usual occupation framework	Vasculas Duran 6 years
Ya ,	Due to
11. Industry or business	
12. Name John Sulver Francisco Franc	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name tallerine Trans  15. Birthplace Mary Card	Major findings of operations.
\$ 15. Birthplace Mary County	Dale of op.
16. Information Marit & Smith	Antopsy results
Address 2826 Fre desich Rd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
G-/11/1/1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Dale thereof (month) (may) (year)	Accident, suicide, or homicide
Cemetery or crematory Lee Ca Thera	Where did injury occur?
Location Back Ct	Injured at home, farm, Industry, public place (where?)
50 Pt 00 110	Meens of Injury Injured at work?
18. Funeral director of the factor of the fa	- 1 ve el a
Address Calonsville Mg.	23. SIGNATURE Melaner A. Tallager M. D.
19	M. D. or other
19	rar Address Calmaralle-28 Man Date signed 8-12-41



# e correct age ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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PLEASE WRITE

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2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF I	DEATH:	4		(For newhorn infants give residence of mother)	
County Bal		1		State Maryland county Anne Arun	ndel Co.
City or town	FORT HOWA	raimits, write H	URAL and give nearest town)	On all and Danch	
How long in above pl	ece of death?38	Days	***************************************	City or town (1f outside eity or town limits, write RURAL and give	nearest town)
Hospitel testilution.	or street eddress where	death occurred	1:	Street No. None	1
Vets. A	dm. Hosp.,	Ft. Ho	ward, Maryland	(If rural, give LOCATION)	/
How long in hospital	or Institution?38	Days	······································	2.(a) If veteran, name wer	V
3. (a) FULL NA	ME			3. (b) Social Securi	ity Number
	COPT	CUTON	C. WRIGHT	Unknown	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
16 7 -	1671- 5 de o		Married		
Male	White	1	Married	20. DATE OF DEATH August 14, 19 4	
S (b) Name of husba	ind for wite Bert	ha Wri	ght	21. I CERTIFY that deeth occurred on the dafe above stated; that I attended d	
			c) If elive, give ege63yeers	July 7, 19 47 10 Augus	
7. Birth dete of	7.0	19-78	c) if cliff, gift ege	end thef I last saw h im alive on August 14,	
deceesed (mo., da	71710		I if less then one day	Immediate cause of death ENCEPHALO ALACIA	
0. AGE.	eers Months	Deys			2 weeks
	68 9	25	hrsmin.		
9 Rictholoce	Baltimore,	Maryla	nd	Due to Cerebral Arteriosclerosis	unknown
16. Usuel occupetio	unemploye	<u>ed</u>		Due to	******
11. Industry or bust	ness		The state of the s		
₩ 12 Name (	Curtis Wrigh	nt		Other conditions Generalized Arterioscleros	si unknow
	Maryland				
		llieme		(Include pregnancy within 3 months of death)	******
본 14. Matden nai	Lydia Wi Maryland	LTTC::::		Major findings of operations	***************************************
§ 15. Birthplace	Maryland			Date of op	
16 Informant	Clinical Rec	cords.	Vets Adm Hosp	Autopsy results Substantiated Above	
	Fort How			PHYSICIAN: Please underline the cause to which death should be char-	ged statistically.
Address			0 1/10	22. VIOLENCE: It death wes due to externel causes, fill in the following:	
17. 2ve	tion, or removal. Which	Dete the	reof (month) (day) (year)	Accident, suicide, or homicide Dete ot	
			Meninial Park	Where did injury occur?	
		. 1			
Locetion	Vashingt	ne /	Ilnd:	Injured at home, farm, Industry, public place (where?)	
18 Funeral directo	Kralis	tu	much Jame	Means of triury Injured et work?	
	1	00		mor non	- an 17
Address 12	16 0.	Char	14	23. SIGNATURE C. CUYPAY	no The
10 aug	15 19 4	2 0	2.W. Keduch	M.	D, or other
(Date ree'd )	registrar)	,	Registrar	Address V.A.H. Fort Howard, Md. Dete sign	ned

2411 N. Charles St., Baltimore

06857

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Baltimore  City or town. Catonsville  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh? 2 years, 6 months, 3 days  Hospital, institution, or street address where dealh occurred:  Spring Grove State Hospital  How long in hospital or institution? 2 years, 6 months, 3 days  3. (a) FULL NAME  Christopher Zippoin  4. Sei 5. Color or race 6. (a) Single, married, widowed, or divorced  white single  Size Maryland  County  City or town. Baltimore  (If outside city or town limits, write RURAL and give hearest town)  Street No. 830 West Lombard Street  (If rural, give LOCATION)  2. (a) If veleran, name war.  3. (b) Social Security that death occurred on the date above stated; that I attended to the state of the state above stated; that I attended to the state abo	ve nearest town)
City or town. Catonsville  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh? 2 years, 6 months, 3 days  Hospital, Institution, or street address where dealh occurred:  Spring Grove State Hospital  How long in hospital or institution? 2 years, 6 months, 3 days  3. (a) FULL NAME  Christopher Zippoin  4. Sei 5. Color or race 6. (a) Single, married, widowed, or divorced male white single 20. DATE DF DEATH. August 17. 1945	ve nearest town)
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh? 2 years, 6 months, 3 days  Hospital, institution, or street address where dealh occurred:  Spring Grove State Hospital  How long in hospital or institution? 2 years, 6 months, 3 days  3. (a) FULL NAME  Christopher Zippoin  4. Sei 5, Color or race 6. (a) Single, married, widowed, or divorced male white single  White single  20. DATE DF DEATH. August 17.	ve nearest town)
How long in above place of dealh? 2 years, 6 months, 3 days Hospital, Institution, or street address where dealh occurred:  Spring Grove State Hospital  How long in hospital or institution? 2 years, 6 months, 3 days  3. (a) FULL NAME  Christopher Zippoin  4. Sei 5. Color or race 6. (a) Single, married, widowed, or divorced male white single 20. DATE DF DEATH August 17.	J
Hospital, Institution, or street address where death occurred:  Spring Grove State Hospital  How long in hospital or institution? 2 years, 6 months, 3 days  3. (a) FULL NAME  Christopher Zippoin  4. Sei 5. Color or race 8.(a) Single, married, widowed, or divorced male white single 20. Date DF DEATH. August 17.	J
Spring Grove State Hospital  How long in hospital or institution? 2 years, 6 months, 3 days  3. (a) FULL NAME  Christopher Zippoin  5. Color or race  8. (a) Single, married, widowed, or divorced  male  white  Sireet No	
How long in hospital or institution? 2 years, 6 months, 3 days  3. (a) FULL NAME  Christopher Zippoin  4. Sei 5. Color or race 6. (a) Single, married, widowed, or divorced male white single 20. DATE DF DEATH August 17.	arity Number
Christopher Zippoin  4. Sel	arity Number
4. Se1 5. Color or race 8.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION  male white single 20. Date of Death August 17.	
male white single 20. DATE OF DEATH August 17 1947	
ZU. DATE DF DEATH AUGUST 17	1
ZU. DATE DF DEATH AUGUST.	and the same
S(h) Name of husband or wife Nannie Belt Catterton 21. I CERTIFY that death occurred on the date above stated; that I attended	
U.(V) Relite of Husballa of Hite	
6.(c) If alive, give age rears February 14 19.45 to August	
7. Right date of and that I fact caw h 1m alive on Aleria + 17	1947
deceased (mo., day, yr.) June 14, 1868  8 A.C.F. Years   Months   Days   If less than one day   Immediate cause of death	DURATION
Left lower lober preumonia	24 hours
79 2 3min.	
9. Birthplace Baltimore, Maryland Due to Chronic arteriosclerotic card (Town, county, and state) vascular-renal disease	
Berhan	
Due to	
12. Name John Zipprian Dther conditions	
Therese Anchirese	
Major findings of operations.	
16. informant Hospital records Actopsy results as above	
Address Catonsville-28, Maryland PHYSICIAN: Please underline the cause to which death should be cha	arged statistically.
22 VIOLENCE, If death was due to external square, fill in the following:	
17. Buria Bate thereof Bate thereof (month) (day) (year)  (Buriai, cremation, or removal, Which?)  Date thereof (month) (day) (year)  Accident, suicide, or homicide	
Location Catonsville 28, Md. Injured at home, farm, industry, public place (where?)	***************************************
18. Funeral director Spring Grove State Hospital Means of Injury Injured at work?	?
Water and The OR Md	
Addieso	
19. 8/2 J. Carrell Russiania Registrar Address. Catonsville-28kMaryland. Date signature (Date fee'd by registrar)	
(Date fee'd by registrar)  Registrar  Address. Catonsville-28kMaryland. Date signal.	I. D. or other

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AUG 29 1947

BUREATI & B.